1	*-1756/2.5* Section 1394. 49.45 (6m) (ar) 2. a. of the statutes is amended to
2	read:
3	49.45 (6m) (ar) 2. a. The department shall establish one or more standards for
4	the payment of support service costs that are not less than the median of take into
5	account support service costs for a sample of all facilities within the state.
6	*-1756/2.6* Section 1395. 49.45 (6m) (ar) 3. a. of the statutes is amended to
7	read:
8	49.45 (6m) (ar) 3. a. The department shall establish standards, adjusted for
9	heating degree day variations in the state, for payment of fuel and utility costs that
10	are not less than the median of take into account heating fuel and utility costs for a
11	sample of all facilities within the state.
12	*-1756/2.7* SECTION 1396. 49.45 (6m) (ar) 4. of the statutes is amended to read:
13	49.45 (6m) (ar) 4. For net property taxes or municipal services, payment shall
14	be made for those costs that range from the amount of the previous calendar year's
15	tax or the amount of municipal service costs for a period specified by the department,
16	subject to a maximum limit as determined by the department.
17	*-1756/2.8* SECTION 1397. 49.45 (6m) (ar) 5. a. of the statutes is amended to
18	read:
19	49.45 (6m) (ar) 5. a. The department shall establish one or more standards for
<b>2</b> 0	the payment of administrative and general costs that are not less than the median
21	of take into account administrative and general costs for a sample of all facilities
22	within the state.
23	*-1756/2.9* Section 1398. $49.45(6m)(ar)6$ . of the statutes is amended to read:
24	49.45 (6m) (ar) 6. Capital payment shall be based on a replacement value for
25	a facility. The replacement value shall be determined by a commercial estimator

1	contracted for by the department and paid for by the facility. The replacement value
2	shall be subject to limitations determined by the department, except that the
3	department may not reduce final capital payment of a facility by more than \$3.50 per
4	patient day.
5	*-1756/2.10* Section 1399. 49.45 (6m) (av) 1. of the statutes is amended to
6	read:
7	49.45 (6m) (av) 1. The department shall calculate a payment rate for a facility
8	by applying the criteria set forth under pars. (ag) 1. to $5.$ , and $7.$ and $8.$ , (am) 1. to $5.$
9	and (ar) 1. to 5. to information from cost reports submitted by the facility.
10	*-1756/2.11* Section 1400. 49.45 (6m) (av) 5m. of the statutes is amended to
11	read:
12	49.45 (6m) (av) 5m. Notwithstanding the limitations under par. (ag) 8., the <u>The</u>
13	rate under subd. 1., 4. or 5. may be adjusted by the department to reflect payments
14	for the provision of active treatment to facility residents with a diagnosis of
15	developmental disability.
16	*-1756/2.12* Section 1401. 49.45 (6m) (bp) (intro.) of the statutes is amended
17	to read:
18	49.45 (6m) (bp) (intro.) Notwithstanding pars. (ag) 3m., (am) 6. and (ar) 6., the
19	department may establish payment methods based on actual costs for capital
20	payment for a facility to which, after December 31, 1982, any of the following applies:
21	*-0027/5.31* SECTION 1402. 49.45 (6m) (br) 1. of the statutes is amended to
22	read:
23	49.45 (6m) (br) 1. Notwithstanding s. 20.410 (3) (cd), 20.435 (5) (4) (bt) or (bu)
24	or (7) (b) or 20.445 (3) (dz), the department shall reduce allocations of funds to
25	counties in the amount of the disallowance from the appropriation account under s.

1	$20.435 \frac{(5)}{(4)} \frac{(4)}{(bt)} \frac{(5)}{(5)} \frac{(7)}{(5)} \frac{(5)}{(5)} \frac{(5)}{(5)} \frac{(4)}{(5)} \frac{(5)}{(5)} \frac{(4)}{(5)} \frac{(5)}{(5)} \frac{(5)}{(5)} \frac{(4)}{(5)} \frac{(5)}{(5)} \frac{(5)}{($
2	workforce development to reduce allocations of funds to counties or Wisconsin works
3	agencies in the amount of the disallowance from the appropriation account under s.
4	20.445 (3) (dz) or direct the department of corrections to reduce allocations of funds
5	to counties in the amount of the disallowance from the appropriation account under
6	s. 20.410 (3) (cd), in accordance with s. 16.544 to the extent applicable.
7	*-0030/2.72* SECTION 1403. 49.45 (6m) (c) 5. of the statutes is amended to
8	read:
9	49.45 (6m) (c) 5. Admit only patients assessed or who waive or are exempt from
10	the requirement of assessment under s. 46.27 (6) (a) or, if required under s. 50.035
11	(4n) or 50.04 (2h), who have been referred to a resource center.
12	*-0028/7.50* SECTION 1404. 49.45 (6t) (intro.) of the statutes is amended to
13	read:
14	49.45 (6t) County department and local health department operating
15	DEFICIT REDUCTION. (intro.) From the appropriation under s. 20.435 (5) (4) (0), for
16	reduction of operating deficits, as defined under criteria developed by the
17	department, incurred by a county department under s. 46.215, 46.22, 46.23 or 51.42
18	or by a local health department, as defined in s. 250.01 (4), for services provided
19	under s. 49.46(2)(a) 4. d. and (b) 6. f., j., k. and L., 9. and 15., for case management
20	services under s. 49.46 (2) (b) 12. and for mental health day treatment services for
21	minors provided under the authorization under 42 USC 1396d $(r)$ $(5)$ , the department
22	shall allocate up to \$4,500,000 in each fiscal year to these county departments, or
23	local health departments as determined by the department, and shall perform all of
24	the following:

\*-0028/7.51\* Section 1405. 49.45 (6t) (d) of the statutes is amended to read:

1	49.45 (6t) (d) If the federal department of health and human services approves
2	for state expenditure in a fiscal year amounts under s. 20.435 (5) (4) (o) that result
3	in a lesser allocation amount than that allocated under this subsection or disallows
4	use of the allocation of federal medicaid funds under par. (c), reduce allocations under
5	this subsection and distribute on a prorated basis, as determined by the department.
6	*-1756/2.13* SECTION 1406. 49.45 (6u) (intro.) of the statutes is amended to
7	read:
8	49.45 (6u) Supplemental payments to certain facilities. (intro.)
9	Notwithstanding sub. (6m), from the appropriation under s. 20.435 (5) (4) (0), for
10	reduction of operating deficits, as defined under criteria developed by the
11	department, incurred by a facility, as defined under sub. (6m) (a) 3., that is
12	established under s. $49.70(1)$ or that is owned and operated by a city, village or town,
13	the department may not distribute to these facilities more than \$38,600,000 in each
14	fiscal year, as determined by the department, except that the department shall also
15	distribute for this same purpose from the appropriation under s. $20.435 \frac{(5)}{(4)}$ (o) any
16	additional federal medical assistance moneys that were not anticipated before
17	enactment of the biennial budget act or other legislation affecting s. $20.435 \frac{(5)}{(4)}$ (o)
18	and that were not used to fund nursing home rate increases under sub. (6m) (ag) 8.
19	The total amount that a county certifies under this subsection may not exceed $100\%$
20	of otherwise-unreimbursed care. In distributing funds under this subsection, the
21	department shall perform all of the following:
22	*-0028/7.52* SECTION 1407. 49.45 (6u) (d) of the statutes is amended to read:
23	49.45 (6u) (d) If the federal department of health and human services approves
24	for state expenditure in a fiscal year amounts under s. $20.435 \frac{(5)}{(4)}$ (o) that result
25	in a lesser allocation amount than that allocated under this subsection, allocate not

1	more than the lesser amount so	approv	ed by t	the federal	department	or neartn a	ına
2	human services.						

\*-0028/7.53\* SECTION 1408. 49.45 (6u) (e) of the statutes is amended to read: 49.45 (6u) (e) If the federal department of health and human services approves for state expenditure in a fiscal year amounts under s. 20.435 (5) (4) (o) that result in a lesser allocation amount than that allocated under this subsection, submit a revision of the method developed under par. (b) for approval by the joint committee on finance in that state fiscal year.

\*-1060/3.1\* Section 1409. 49.45 (6v) (b) of the statutes is amended to read: 49.45 (6v) (b) The department shall, each year, submit to the joint committee on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that provides information on the utilization of beds by recipients of medical assistance in facilities and a discussion and detailed projection of the likely balances, expenditures, encumbrances and carry over of currently appropriated amounts in the appropriation accounts under s. 20.435 (4) (b) and (o).

\*-1060/3.2\* Section 1410. 49.45 (6v) (c) of the statutes is amended to read:

49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds by recipients of medical assistance in facilities decreased is less than estimates for that utilization reflected in the intentions of the joint committee on finance, legislature and governor, as expressed by them in the budget determinations, the department shall include a proposal to transfer moneys from the appropriation under s. 20.435 (5) (4) (b) to the appropriation under s. 20.435 (7) (bd) for the purpose of increasing funding for the community options program under s. 46.27. The amount proposed for transfer may not reduce the balance in the appropriation account under s. 20.435 (4) (b) below an amount necessary to ensure that that

1	appropriation account will end the current fiscal year or the current fiscal biennium
2	with a positive balance. The secretary shall transfer the amount identified under the
3	proposal.
4	*-0028/7.54* Section 1411. 49.45 (6w) (intro.) of the statutes is amended to
5	read:
6	49.45 (6w) Hospital operating deficit reduction. (intro.) From the
7	appropriation under s. $20.435(5)(4)(0)$ , for reduction of operating deficits, as defined
8	under criteria developed by the department, incurred by a hospital, as defined under
9	s. 50.33 (2) (a) and (b), that is operated by the state, established under s. 49.71 or
10	owned and operated by a city or village, the department shall allocate up to
11	\$3,300,000 in each fiscal year to these hospitals, as determined by the department,
12	and shall perform all of the following:
13	*-0028/7.55* Section 1412. 49.45 (6w) (d) of the statutes is amended to read:
14	49.45 (6w) (d) If the federal department of health and human services approves
15	for state expenditure in a fiscal year amounts under s. $20.435  ext{ (5) }  ext{ (4)}$ (o) that result
16	in a lesser allocation amount than that allocated under this subsection or disallows
17	use of the allocation of federal medicaid funds under par. (c), reduce allocations under
18	this subsection and distribute on a prorated basis, as determined by the department.
19	*-0028/7.56* SECTION 1413. 49.45 (6x) (a) of the statutes is amended to read:
20	49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
21	20.435 (5) (4) (b) and (o) the department shall distribute not more than \$4,748,000
22	in each fiscal year, to provide funds to an essential access city hospital, except that
23	the department may not allocate funds to an essential access city hospital to the
24	extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).
<b>2</b> 5	*-0028/7.57* Section 1414. 49.45 (6x) (d) of the statutes is amended to read:

49.45 (6x) (d) If the federal department of health and human services approves for state expenditure in any state fiscal year amounts under s. 20.435 (5) (4) (o) that result in a lesser distribution amount than that distributed under this subsection or disallows use of federal medicaid funds under par. (a), the department of health and family services shall reduce the distributions under this subsection.

\*-0028/7.58\* Section 1415. 49.45 (6y) (a) of the statutes is amended to read: 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (5) (4) (b) and (o) the department shall distribute funding in each fiscal year to provide supplemental payment to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3). If no relief block grant is awarded under this chapter or if the allocation of funds to such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department may distribute funds to hospitals that have not entered into a contract under s. 49.02 (2).

\*-1393/3.3\* Section 1416. 49.45 (6y) (am) of the statutes is created to read: 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b), (h) and (o) the department shall distribute funding in each fiscal year to provide supplemental payments to hospitals that enter into contracts under s. 49.02 (2) with a county having a population of 500,000 or more to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).

\*-1393/3.4\* SECTION 1417. 49.45 (6y) (b) of the statutes is amended to read:

1	49.45 (6y) (b) The department need not promulgate as rules under ch. 227 the
2	procedures, methods of distribution and criteria required for distribution under par.
3	pars. (a) and (am).
4	*-0028/7.59* SECTION 1418. 49.45 (6z) (a) (intro.) of the statutes is amended
5	to read:
6	49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations
7	under s. 20.435 (5) (4) (b) and (o) the department shall distribute funding in each
8	fiscal year to supplement payment for services to hospitals that enter into a contract
9	under s. 49.02 (2) to provide health care services funded by a relief block grant under
10	this chapter, if the department determines that the hospitals serve a
11	disproportionate number of low-income patients with special needs. If no medical
12	relief block grant under this chapter is awarded or if the allocation of funds to such
13	hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department
14	may distribute funds to hospitals that have not entered into a contract under s. 49.02
15	(2). The department may not distribute funds under this subsection to the extent
16	that the distribution would do any of the following:
17	*-0028/7.60* Section 1419. 49.45 (8) (b) of the statutes is amended to read:
18	$49.45$ (8) (b) Reimbursement under s. $20.435 \frac{(5)}{(4)}$ (b) and (o) for home health
19	services provided by a certified home health agency or independent nurse shall be
20	made at the home health agency's or nurse's usual and customary fee per patient care
21	visit, subject to a maximum allowable fee per patient care visit that is established
22	under par. (c).
23	*b0490/3.1* Section 1424m. 49.45 (22) of the statutes is amended to read:
24	49.45 (22) MEDICAL ASSISTANCE SERVICES PROVIDED BY HEALTH MAINTENANCE
25	ORGANIZATIONS. If the department contracts with health maintenance organizations

5-year-old children.

for the provision of medical assistance it shall give special consideration to health
maintenance organizations that provide or that contract to provide comprehensive,
specialized health care services to pregnant teenagers. <u>If the department contracts</u>
with health maintenance organizations for the provision of medical assistance, the
department shall include in the contract a lead screening performance standard that
requires the health maintenance organization to provide annually at least one lead
blood test to at least 65% of the children ages 1 to 5 years who have been enrolled in
the health maintenance organization for at least 6 months during the applicable
year. The department shall specify in the contract financial penalties for failure to
meet the lead screening performance standard.
*-0028/7.61* Section 1426. 49.45 (24m) (intro.) of the statutes is amended to
read:
49.45 (24m) Home health care and personal care pilot program. (intro.)
From the appropriations under s. 20.435 (5) (4) (b) and (o), in order to test the
feasibility of instituting a system of reimbursement for providers of home health care
and personal care services for medical assistance recipients that is based on
competitive bidding, the department shall:
*b0483/3.5* Section 1427g. 49.45(39)(a) 1. of the statutes is amended to read:
49.45 (39) (a) 1. "School" means a public school described under s. 115.01 (1)
or, a charter school, as defined in s. 115.001 (1), the Wisconsin School for the Visually
Handicapped or the Wisconsin School for the Deaf. It includes school-operated early

\* $\mathbf{b0483/3.5*}$  Section 1427h. 49.45(39)(am) of the statutes is amended to read:

childhood programs for developmentally delayed and disabled 4-year-old and

49.45 (39) (am) Plan amendment. No later than September 30, 1995, the department shall submit to the federal department of health and human services an amendment to the state medical assistance plan to permit the application of pars. (b) to and (c). If the amendment to the state plan is approved, school districts and, cooperative educational service agencies and the department of public instruction on behalf of the Wisconsin School for the Visually Handicapped and the Wisconsin School for the Deaf claim reimbursement under pars. (b) to and (c). Paragraphs (b) to and (c) do not apply unless the amendment to the state plan is approved and in effect. The department shall submit to the federal department of health and human services an amendment to the state plan if necessary to permit the application of pars. (b) and (c) to the Wisconsin School for the Visually Handicapped and the Wisconsin School for the Deaf.

\*b0483/3.5\* Section 1427i. 49.45 (39) (b) of the statutes is amended to read:

49.45 (39) (b) Payment for school medical services. If a school district or a cooperative educational service agency elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the school district or the cooperative educational service agency for 60% of the federal share of allowable charges for the school medical services that it provides and for allowable administrative costs. If the Wisconsin School for the Visually Handicapped or the Wisconsin School for the Deaf elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the department of public instruction for 60% of the federal share of allowable charges for the school medical services that the Wisconsin School for the Visually Handicapped or the Wisconsin School for the Deaf provides and for allowable administrative costs. The department shall promulgate rules establishing a methodology for making

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reimbursements under this paragraph. All other expenses for the school medical services provided by a school district or a cooperative educational service agency shall be paid for by the school district or the cooperative educational service agency with funds received from state or local taxes. The school district, the Wisconsin School for the Visually Handicapped, the Wisconsin School for the Deaf or the cooperative educational service agency shall comply with all requirements of the federal department of health and human services for receiving federal financial participation.

-725-

\*-0315/4.1\* Section 1428. 49.45 (46) of the statutes is created to read:

49.45 (46) ALCOHOL AND OTHER DRUG ABUSE RESIDENTIAL TREATMENT SERVICES. (a) If a county, city, town or village elects to become certified as a provider of alcohol and other drug abuse residential treatment services or to contract with a certified provider to provide the services, the county, city, town or village may provide directly or under contract alcohol and other drug abuse residential treatment services in facilities with fewer than 16 beds under this subsection in the county, city, town or village to medical assistance recipients through the medical assistance program. A county, city, town or village that elects to provide or to contract for the services shall pay the amount of the allowable charges for the services under the medical assistance program that is not provided by the federal government. The department shall reimburse the county, city, town or village under this subsection only for the amount of the allowable charges for those services under the medical assistance program that is provided by the federal government.

(b) This subsection does not apply after July 1, 2003.

\*-0321/6.1\* Section 1429. 49.45 (47) of the statutes is created to read:

1	49.45 (47) ADULT DAY CARE CENTERS. (a) In this subsection, "adult day care
2	center" means an entity that provides services for part of a day in a group setting to
3	adults who need an enriched health-supportive or social experience and who may
4	need assistance with activities of daily living, supervision or protection.
5	(b) No person may receive reimbursement under s. 46.27 (11) for the provision
6	of services to clients in an adult day care center unless the adult day care center is
7	certified by the department under sub. (2) (a) 11. as a provider of medical assistance.
8	(c) The biennial fee for the certification required under par. (b) of an adult day
9	care center is \$89, plus a biennial fee of \$17.80 per client, based on the number of
10	clients that the adult day care center is certified to serve. Fees collected under this
11	paragraph shall be credited to the appropriation account under s. 20.435 (6) (jm).
12	(d) The department, by rule, may increase any fee specified in par. (c).
13	*-0263/2.1* SECTION 1430. 49.453 (4) (title) of the statutes is amended to read:
14	49.453 (4) (title) IRREVOCABLE ANNUITIES, PROMISSORY NOTES AND SIMILAR
15	TRANSFERS.
16	*-0263/2.2* Section 1431. 49.453 (4) (a) of the statutes is renumbered 49.453
17	(4) (a) (intro.) and amended to read:
18	49.453 (4) (a) (intro.) For the purposes of sub. (2), whenever a covered
19	individual or his or her spouse, or another person acting on behalf of the covered
20	individual or his or her spouse, transfers assets to an irrevocable annuity, or
21	transfers assets by promissory note or similar instrument, in an amount that exceeds
22	the expected value of the benefit, the covered individual or his or her spouse transfers
23	assets for less than fair market value. A transfer to an annuity, or a transfer by
24	promissory note or similar instrument, is not in excess of the expected value only in
25	all of the following are true:

1	*-0263/2.3* Section 1432. 49.453 (4) (a) 1. and 2. of the statutes are created
2	to read:
3	49.453 (4) (a) 1. a. The periodic payments back to the transferor include
4	principal and interest that, at the time that the transfer is made, is at least at one
5	of the following:
6	a. For an annuity, promissory note or similar instrument that is not specified
7	under subd. 1. b. or par. (am), the applicable federal rate required under section 1274
8 ,	(d) of the Internal Revenue Code, as defined in s. 71.01 (6).
9	b. For an annuity with a guaranteed life payment, the appropriate average of
10	the applicable federal rates based on the expected length of the annuity minus 1.5%.
11	2. The terms of the instrument provide for a payment schedule that includes
12	equal periodic payments, except that payments may be unequal if the interest
13	payments are tied to an interest rate and the inequality is caused exclusively by
14	fluctuations in that rate.
15	*b0495/2.5* SECTION 1432g. 49.453 (4) (am) of the statutes is created to read:
16	49.453 (4) (am) Paragraph (a) 1. does not apply to a variable annuity that is
17	tied to a mutual fund that is registered with the federal securities and exchange
18	commission.
19	*-0263/2.4* SECTION 1433. 49.453 (4) (c) of the statutes is amended to read:
20	49.453 (4) (c) The department shall promulgate rules specifying the method to
21	be used in calculating the expected value of the benefit, based on 26 CFR 1.72-1 to
22	1.72-18, and specifying the criteria for adjusting the expected value of the benefit
23	based on a medical condition diagnosed by a physician before the assets were
24	transferred to the annuity, or transferred by promissory note or similar instrument.
25	In calculating the amount of the divestment when a transfer to an annuity, or a

transfer by promissory note or similar instrument, is made, payments made to the
transferor in any year subsequent to the year in which the transfer was made shall
be discounted to the year in which the transfer was made by the applicable federal
rate specified under par. (a) on the date of the transfer.
*b0483/3.6* Section 1433t. 49.46 (1) (a) 1m. of the statutes is amended to
read:
49.46 (1) (a) 1m. Any pregnant woman who meets the resource and income
limits under s. 49.19 (4) (bm) and (es) and whose pregnancy is medically verified.
Eligibility continues to the last day of the month in which the 60th day after the last
day of the pregnancy falls.
*b0483/3.6* Section 1433u. 49.46 (1) (a) 12. of the statutes is amended to
read:
49.46 (1) (a) 12. Any child not described under subd. 1. who is under 19 years
of age and who meets the resource and income limits under s. 49.19 (4) (es).
*b0591/3.69* Section 1433v. 49.46 (1) (a) 14m. of the statutes is created to
read:
49.46(1)(a) 14m. Any person who would meet the financial and other eligibility
requirements for home or community-based services under the family care benefit
but for the fact that the person engages in substantial gainful activity under 42 USC
1382c (a) (3), if a waiver under s. 46.281 (1) (c) is in effect or federal law permits
federal financial participation for medical assistance coverage of the person and if
funding is available for the person under the family care benefit.
*-0261/2.1* Section 1434. 49.46 (1p) of the statutes is created to read:
49.46 (1p) Demonstration project for persons with HIV. The department
shall request a waiver from the secretary of the federal department of health and

1	human services to allow the department to provide under this section coverage of
2	services specified under sub. (2) (b) 17. for persons who have HIV infection, as defined
3	in s. 252.01 (2). If a waiver is granted and in effect, the department shall provide
4	coverage for the services specified  under  sub.  (2)  (b)  17.  for  persons  who  qualify  under  (2)  (
5	the terms of the waiver.
6	*b0483/3.7* Section 1434t. 49.46 (2) (b) 1. (intro.) of the statutes is amended
7	to read:
8	49.46 (2) (b) 1. (intro.) Dentists' services, which, except as provided in s. 49.45
9	(24g), and except for dentists' services provided pursuant to a federal waiver to
10	individuals who have attained the age of 65, shall be provided on a fee-for-service
11	basis and limited to basic services within each of the following categories:
12	*-0030/2.73* Section 1435. 49.46(2)(b) 8. of the statutes is amended to read:
13	49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
14	(11), 46.275, 46.277 or 46.278 or under the family care benefit if a waiver is in effect
15	under s. 46.281 (1) (c).
16	*-0261/2.2* Section 1436. 49.46 (2) (b) 17. of the statutes is created to read:
17	49.46 (2) (b) 17. If a waiver under sub. (1p) is granted and in effect, clinical
18	evaluation services, as defined by the department, for persons who qualify for
19	coverage under sub. (1p).
20	*-0315/4.2* Section 1437. 49.46 (2) (b) 18. of the statutes is created to read:
21	49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of
22	no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision
23	does not apply after July 1, 2003.
24	*-0030/2.74* Section 1438. $49.47(4)(as) 1$ . of the statutes is amended to read:

49.47 (4) (as) 1. The person would meet the financial and other eligibility
requirements for home or community-based services under s. 46.27 (11) or 46.277
or under the family care benefit if a waiver is in effect under s. 46.281(1)(c) but for
the fact that the person engages in substantial gainful activity under 42 USC 1382c
(a) (3).
*-0030/2.75* SECTION 1439. 49.47(4)(as) 3. of the statutes is amended to read:
49.47 (4) (as) 3. Funding is available for the person under s. $46.27$ (11) or $46.277$
or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c).
*-0266/3.3* Section 1440. 49.472 of the statutes is created to read:
49.472 Medical assistance purchase plan. (1) Definitions. In this section:
(a) "Earned income" has the meaning given in 42 USC 1382a (a) (1).
(am) "Family" means an individual, the individual's spouse and any dependent
child, as defined in s. 49.141 (1) (c), of the individual.
(b) "Health insurance" means surgical, medical, hospital, major medical or
other health service coverage, including a self-insured health plan, but does not
include hospital indemnity policies or ancillary coverages such as income
continuation, loss of time or accident benefits.
(c) "Independence account" means an account approved by the department that
consists solely of savings, and dividends or other gains derived from those savings,
from income earned from paid employment after the initial date that an individual
began receiving medical assistance under this section.
(d) "Medical assistance purchase plan" means medical assistance, eligibility for
which is determined under this section.
(e) "Unearned income" has the meaning given in 42 USC 1382a (a) (2).

- department of health and human services an amendment to the state medical assistance plan, and shall request any necessary waivers from the secretary of the federal department of health and human services, to permit the department to expand medical assistance eligibility as provided in this section. If the state plan amendment and all necessary waivers are approved and in effect, the department shall implement the medical assistance eligibility expansion under this section not later than January 1, 2000, or 3 months after full federal approval, whichever is later.
- (3) ELIGIBILITY. Except as provided in sub. (6) (a), an individual is eligible for and shall receive medical assistance under this section if all of the following conditions are met:
- (a) The individual's family's net income is less than 250% of the poverty line for a family the size of the individual's family. In calculating the net income, the department shall apply all of the exclusions specified under 42 USC 1382a (b).
- (b) The individual's assets do not exceed \$15,000. In determining assets, the department may not include assets that are excluded from the resource calculation under 42 USC 1382b (a) or assets accumulated in an independence account. The department may exclude, in whole or in part, the value of a vehicle used by the individual for transportation to paid employment.
- (c) The individual would be eligible for supplemental security income for purposes of receiving medical assistance but for evidence of work, attainment of the substantial gainful activity level, earned income and unearned income in excess of the limit established under 42 USC 1396d (q) (2) (B) and (D).

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1	(e) The individual is legally able to work in all employment settings without
2	a permit under s. 103.70.
3	(f) The individual maintains premium payments calculated by the department
4	in accordance with sub. (4), unless the individual is exempted from premium
5	payments under sub. (4) (b) or (5).
6	(g) The individual is engaged in gainful employment or is participating in a
7	program that is certified by the department to provide health and employment
8	services that are aimed at helping the individual achieve employment goals.
9	(h) The individual meets all other requirements established by the department
10	by rule.
11	(4) PREMIUMS. (a) Except as provided in par. (b) and sub. (5), an individual who
12	is eligible for medical assistance under sub. (3) and receives medical assistance shall
13	pay a monthly premium to the department. The department shall establish the
14	monthly premiums by rule in accordance with the following guidelines:
15	1. The premium for any individual may not exceed the sum of the following:
16	a. Three and one-half percent of the individual's earned income after the
17	disregards specified in subd. 2m.
18	b. One hundred percent of the individual's unearned income after the
19	deductions specified in subd. 2.
20	2. In determining an individual's unearned income under subd. 1., the
21	department shall disregard all of the following:
22	a. A maintenance allowance established by the department by rule. The
23	maintenance allowance may not be less than the sum of \$20, the federal

supplemental security income payment level determined under 42 USC 1382 (b) and

the state supplemental payment determined under s. 49.77 (2m).

1	b. Medical and remedial expenses and impairment—related work expenses.
2	2m. If the disregards under subd. 2. exceed the unearned income against which
3	they are applied, the department shall disregard the remainder in calculating the
4	individual's earned income.
5	3. The department may reduce the premium by 25% for an individual who is
6	covered by private health insurance.
7	(b) The department may waive monthly premiums that are calculated to be
8	below \$10 per month. The department may not assess a monthly premium for any
9	individual whose income level, after adding the individual's earned income and
10	unearned income, is below 150% of the poverty line.
11	(5) COMMUNITY OPTIONS PARTICIPANTS. From the appropriation under s. 20.435
12	(7) (bd), the department may pay all or a portion of the monthly premium calculated
13	under sub. (4) (a) for an individual who is a participant in the community options
14	program under s. 46.27 (11).
15	(6) Insured persons. (a) Notwithstanding sub. (4) (a) 3., from the
16	appropriation under s. 20.435 (4) (b), the department shall, on the part of an
17	individual who is eligible for medical assistance under sub. (3), pay premiums for or
18	purchase individual coverage offered by the individual's employer if the department
19	determines that paying the premiums for or purchasing the coverage will not be more
20	costly than providing medical assistance.
21	(b) If federal financial participation is available, from the appropriation under
22	s. 20.435 (4) (b), the department may pay medicare Part A and Part B premiums for
23	individuals who are eligible for medicare and for medical assistance under sub. (3)
24	(7) DEPARTMENT DUTIES. The department shall do all of the following:

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sub. (3) (a).

1	(a) Determine eligibility, or contract with a county department, as defined in
2	49.45(6c)(a)3., or with a tribal governing body to determine eligibility, of individuals
3	for the medical assistance purchase plan in accordance with sub. (3).
4	(b) Ensure, to the extent practicable, continuity of care for a medical assistance
5	recipient under this section who is engaged in paid employment, or is enrolled in a
6	home-based or community-based waiver program under section 1915 (c) of the
7	Social Security Act, and who becomes ineligible for medical assistance.
8	*-0028/7.62* Section 1441. 49.475 (5) of the statutes is amended to read:
9	49.475 (5) REIMBURSEMENT OF COSTS. From the appropriations under s. 20.435
10	(1) (4) (bm) and (p) (pa), the department shall reimburse an insurer that provides
11	information under this section for the insurer's reasonable costs incurred in
12	providing the requested information, including its reasonable costs, if any, to develop
13	and operate automated systems specifically for the disclosure of information under
14	this section.
15	*-1295/2.5* SECTION 1444. 49.496 (2) (title) of the statutes is amended to read:
16	49.496 (2) (title) Liens on the homes of nursing home residents <u>and inpatients</u>
17	AT HOSPITALS.
18	*-1295/2.6* SECTION 1445. 49.496 (2) (a) of the statutes is amended to read:
19	49.496 (2) (a) Except as provided in par. (b), the department may obtain a lien
20	on a recipient's home if the recipient resides in a nursing home, or if the recipient
21	resides in a hospital and is required to contribute to the cost of care, and the recipient
22	cannot reasonably be expected to be discharged from the nursing home or hospital
23	and return home. The lien is for the amount of medical assistance paid on behalf of

the recipient while the recipient resides in a nursing home that is recoverable under

1	*-1295/2.7* Section 1446. 49.496 (2) (b) 3. of the statutes is amended to read:
2	49.496 (2) (b) 3. The recipient's sibling who has an ownership interest in the
3	home and who has lived in the home continuously beginning at least 12 months
4	before the recipient was admitted to the nursing home or hospital.
5	*-1295/2.8* SECTION 1447. 49.496 (2) (c) 1. of the statutes is amended to read:
6	49.496 (2) (c) 1. Notify the recipient in writing of its determination that the
7	recipient cannot reasonably be expected to be discharged from the nursing home or
8	hospital, its intent to impose a lien on the recipient's home and the recipient's right
9	to a hearing on whether the requirements for the imposition of a lien are satisfied.
10	*-1295/2.9* SECTION 1448. 49.496 (2) (f) 3. of the statutes is amended to read:
11	49.496 (2) (f) 3. A child of any age who resides in the home, if that child resided
12	in the home for at least 24 months before the recipient was admitted to the nursing
13	home or hospital and provided care to the recipient that delayed the recipient's
14	admission to the nursing home or hospital.
15	*-1295/2.10* SECTION 1449. 49.496(2)(f) 4. of the statutes is amended to read:
16	49.496 (2) (f) 4. A sibling who resides in the home, if the sibling resided in the
17	home for at least 12 months before the recipient was admitted to the nursing home
18	or hospital.
19	*-1295/2.11* SECTION 1450. 49.496 (2) (h) of the statutes is amended to read:
20	49.496 (2) (h) The department shall file a release of a lien imposed under this
21	subsection if the recipient is discharged from the nursing home or hospital and
22	returns to live in the home.
23	*-1295/2.12* SECTION 1451. 49.496 (3) (a) (intro.) of the statutes is amended
24	to read:

1	49.496 (3) (a) (intro.) Except as provided in par. (b), the department shall file
2	a claim against the estate of a recipient or against the estate of the surviving spouse
3	of a recipient for all of the following unless already recovered by the department
4	under this section:
5	*-1295/2.13* SECTION 1452. 49.496(3)(a) 1. of the statutes is amended to read:
6	49.496 (3) (a) 1. The amount of medical assistance paid on behalf of the
7	recipient while the recipient resided in a nursing home or while the recipient was an
8	inpatient in a medical institution hospital and was required to contribute to the cost
9	of care.
10	*-1295/2.14* SECTION 1453. 49.496 (3) (a) 2. a. of the statutes is amended to
11	read:
12	49.496 (3) (a) 2. a. Home-based or community-based services under 42 USC
13	$1396d$ $\underline{(a)}$ $(7)$ and $(8)$ and under any waiver granted under 42 USC $1396n$ $(c)$ $(4)$ $(B)$
14	or 42 USC 1396u.
15	*-1295/2.15* Section 1454. 49.496 (3) (a) 2. d. of the statutes is created to
16	read:
17	49.496 (3) (a) 2. d. Personal care services under s. 49.46 (2) (b) 6. j.
18	*-1295/2.16* SECTION 1455. 49.496(3)(am)(intro.) of the statutes is amended
19	to read:
20	49.496 (3) (am) (intro.) The court shall reduce the amount of a claim under par.
21	(a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the
22	recipient's heirs or the beneficiaries of the recipient's will to retain the following
23	personal property:
24	*-1295/2.17* SECTION 1456. 49.496 (3) (am) 3. of the statutes is amended to
25	read:

1	49.496 (3) (am) 3. Other tangible personal property not used in trade,
2	agriculture or other business, not to exceed \$1,000 in value the amount specified in
3	<u>s. 861.33 (1) (a) 4</u> .
4	*-0260/2.3* Section 1458. 49.496 (3) (c) of the statutes is renumbered 49.496
5	(3) (c) 1. and amended to read:
6	49.496 (3) (c) 1. If the department's claim is not allowable because of par. (b)
7	and the estate includes an interest in a home, the court exercising probate
8	jurisdiction shall, in the final judgment or summary findings and order, assign the
9	interest in the home subject to a lien in favor of the department for the amount
10	described in par. (a). The personal representative or petitioner for summary
11	settlement or summary assignment of the estate shall record the final judgment as
12	provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).
13	*-0260/2.4* Section 1459. 49.496 (3) (c) 2. of the statutes is created to read:
14	49.496 (3) (c) 2. If the department's claim is not allowable because of par. (b),
15	the estate includes an interest in a home and the personal representative closes the
16	estate by sworn statement under s. 865.16, the personal representative shall
17	stipulate in the statement that the home is assigned subject to a lien in favor of the
18	department for the amount described in par. (a). The personal representative shall
19	record the statement in the same manner as described in s. 863.29, as if the
20	statement were a final judgment.
21	*-1295/2.19* SECTION 1460. 49.496 (3) (f) of the statutes is created to read:
22	49.496 (3) (f) The department may contract with or employ an attorney to
23	probate estates to recover under this subsection the costs of care.
24	*b0583/4.4* Section 1460m. 49.496 (4) of the statutes is amended to read:

49.496 (4) ADMINISTRATION. The department may require a county department under s. 46.215, 46.22 or 46.23 or the governing body of a federally recognized American Indian tribe administering medical assistance to gather and provide the department with information needed to recover medical assistance under this section. The department shall pay to a county department or tribal governing body an amount equal to 5% of the recovery collected by the department relating to a beneficiary for whom the county department or tribal governing body made the last determination of medical assistance eligibility. A county department or tribal governing body may use funds received under this subsection only to pay costs incurred under this subsection and, if any amount remains, to pay for improvements to functions required under s. 49.33 (2) 49.45 (2) (b) 1. The department may withhold payments under this subsection for failure to comply with the department's requirements under this subsection. The department shall treat payments made under this subsection as costs of administration of the medical assistance program.

\*-0028/7.63\* Section 1461. 49.496 (5) of the statutes is amended to read:

49.496 (5) Use of funds. From the appropriation under s. 20.435 (5) (4) (im), the department shall pay the amount of the payments under sub. (4) that is not paid from federal funds, shall pay to the federal government the amount of the funds recovered under this section equal to the amount of federal funds used to pay the benefits recovered under this section and shall spend the remainder of the funds recovered under this section for medical assistance benefits under this subchapter.

\*-0033/1.2\* SECTION 1462. 49.499 (intro.) of the statutes, as affected by 1997 Wisconsin Act 27, is renumbered 49.499 (1) (intro.).

\*-0033/1.3\* Section 1463. 49.499 (1) to (3) of the statutes are renumbered 49.499 (1) (a) to (c).

1	*-0033/1.4* Section 1464. 49.499 (2m) of the statutes is created to read:
2	49.499 (2m) From the appropriation under s. 20.435 (6) (g), the department
3	may distribute funds for innovative projects designed to protect the health and
4	property of a resident in a nursing facility, as defined in s. 49.498 (1) (i).
5	*-1967/3.1* Section 1465. 49.665 (1) (a) of the statutes is renumbered 49.665
6	(1) (e) and amended to read:
7	49.665 (1) (e) "Custodial parent Parent" has the meaning given in s. 49.141 (1)
8	(b) (j).
9	*-1967/3.2* Section 1466. 49.665 (1) (b) of the statutes is repealed and
10	recreated to read:
11	49.665 (1) (b) "Child" means a person who is under the age of 19.
12	*-1967/3.3* Section 1467. 49.665 (1) (d) of the statutes is amended to read:
13	49.665 (1) (d) "Family" means a unit that consists of at least one dependent
14	child and his or her custodial parent or parents, all of whom reside in the same
15	household. "Family" includes the spouse of an individual who is a custodial parent
16	if the spouse resides in the same household as the individual.
17	*-1967/3.4* Section 1468. 49.665 (1) (f) of the statutes is created to read:
18	49.665 (1) (f) "State plan" means the state child health plan under 42 USC
19	1397aa (b).
20	*-1967/3.5* Section 1469. 49.665 (3) of the statutes is amended to read:
21	49.665 (3) Administration. The department shall administer a program to
22	provide the health services and benefits described in s. 49.46 (2) to families persons
23	that meet the eligibility requirements specified in sub. (4). The department shall
24	promulgate rules setting forth the application procedures and appeal and grievance
25	procedures. The department may promulgate rules limiting access to the program

under this section to defined enrollment periods. The department may also promulgate rules establishing a method by which the department may purchase family coverage offered by the employer of a member of an eligible family or by a member of a child's household under circumstances in which the department determines that purchasing that coverage would not be more costly than providing the coverage under this section.

\*-1967/3.6\* Section 1470. 49.665 (4) (a) 1. of the statutes is amended to read: 49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line, except as provided in par. (at) and except that a family that is already receiving health care coverage under this section may have an income that does not exceed 200% of the poverty line. The department shall establish by rule the criteria to be used to determine income.

\*b0489/1.1\* SECTION 1470d. 49.665 (4) (a) 3. of the statutes is amended to read:

49.665 (4) (a) 3. The family has not had access to employer—subsidized health care coverage within the time period established by the department by rule, but not to exceed 18 months, immediately preceding application for health care coverage under this section. The department may establish exceptions to this subdivision time period restriction by rule. An individual is not ineligible for health care coverage under this section solely because the individual had continuation coverage under 42 USC 300bb—1, et seq., at any time prior to applying for health care coverage under this section.

\*-1967/3.7\* Section 1471. 49.665 (4) (am) of the statutes is created to read:

49.665 (4) (am) A child who does not reside with his or her parent is eligible
for health care coverage under this section if the child meets all of the following
requirements:

- 1. The child's income does not exceed 185% of the poverty line, except as provided in par. (at) and except that a child that is already receiving health care coverage under this section may have an income that does not exceed 200% of the poverty line. The department shall use the criteria established under par. (a) 1. to determine income under this subdivision.
  - 2. The child does not have access to employer—subsidized health care coverage.
- 3. The child has not had access to employer-subsidized health care coverage within the time period established by the department under par. (a) 3. The department may establish exceptions to this subdivision.
- 4. The child meets all other requirements established by the department by rule. In establishing other eligibility criteria, the department may not include any health condition requirements.

## \*-1967/3.8\* Section 1472. 49.665(4)(at) of the statutes is created to read:

- 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall establish a lower maximum income level for the initial eligibility determination if funding under s. 20.435 (4) (bc), (jz) and (p) is insufficient to accommodate the projected enrollment levels for the health care program under this section. The adjustment may not be greater than necessary to ensure sufficient funding.
- b. The department may not lower the maximum income level for initial eligibility unless the department first submits to the joint committee on finance its plans for lowering the maximum income level and the committee approves the plan. If, within 14 days after submitting the plan to the joint committee on finance, the

1	cochairpersons of the committee do not notify the secretary that the committee has
2	scheduled a meeting for the purpose of reviewing the plan, the plan is considered
3	approved by the committee.
4	2. If, after the department has established a lower maximum income level
5	under subd. 1., projections indicate that funding under s. 20.435 (4) (bc), (jz) and (p)
6	is sufficient to raise the level, the department shall, by state plan amendment, raise
7	the maximum income level for initial eligibility, but not to exceed $185\%$ of the poverty
8	line.
9	3. The department may not adjust the maximum income level of 200% of the
10	poverty line for persons already receiving health care coverage under this section.
11	*-1967/3.9* SECTION 1473. 49.665 (4) (b) of the statutes is amended to read:
12	49.665 (4) (b) Notwithstanding fulfillment of the eligibility requirements
13	under this subsection, a family no person is not entitled to health care coverage under
14	this section.
15	*-1967/3.10* Section 1474. 49.665 (4) (c) of the statutes is amended to read
16	49.665 (4) (c) No family person may be denied health care coverage under this
17	section solely because of a health condition of that person or of any family member
18	of that person.
19	*-1967/3.11* Section 1475. 49.665 (5) (a) of the statutes is amended to read
20	49.665 (5) (a) Except as provided in par. pars. (b) and (bm), a family that, or
21	child who does not reside with his or her parent, who receives health care coverage
22	under this section shall pay a percentage of the cost of that coverage in accordance
23	with a schedule established by the department by rule. If the schedule established
24	by the department requires a family, or child who does not reside with his or he

parent, to contribute more than 3% of the family's or child's income towards the cost

of the health care coverage provided under this section, the department shall submit
the schedule to the joint committee on finance for review and approval of the
schedule. If the cochairpersons of the joint committee on finance do not notify the
department within 14 working days after the date of the department's submittal of
the schedule that the committee has scheduled a meeting to review the schedule, the
department may implement the schedule. If, within 14 days after the date of the
department's submittal of the schedule, the cochairpersons of the committee notify
the department that the committee has scheduled a meeting to review the schedule,
the department may not require a family, or child who does not reside with his or her
parent, to contribute more than 3% of the family's or child's income unless the joint
committee on finance approves the schedule. The joint committee on finance may not
approve and the department may not implement a schedule that requires a family
$\underline{\text{or child}}$ to contribute more than 3.5% of the family's $\underline{\text{or child's}}$ income towards the cost
of the health care coverage provided under this section.

\*-1967/3.12\* Section 1476. 49.665 (5) (b) of the statutes is amended to read: 49.665 (5) (b) The department may not require a family, or child who does not reside with his or her parent, with an income below 143% 150% of the poverty line to contribute to the cost of health care coverage provided under this section.

\*b0522/3.2\* Section 1476d. 49.665 (5) (bm) of the statutes is created to read: 49.665 (5) (bm) If the federal department of health and human services notifies the department of health and family services that Native Americans may not be required to contribute to the cost of the health care coverage provided under this section, the department of health and family services may not require Native Americans to contribute to the cost of health care coverage under this section.

\*b0484/1.1\* Section 1476f. 49.665 (5m) of the statutes is created to read:

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49.665 (5m) Outreach. The department shall coordinate with the department
of public instruction to develop, and beginning on October 1, 1999, to implement, an
outreach mailing targeted at families of children who are enrolled in the federal
school lunch program under 42 USC 1751, et seq., to inform the families of those
children about health care coverage under this section and the family's potential
eligibility for that coverage.
*-1295/2.20* SECTION 1477. 49.682 (2) (c) (intro.) of the statutes is amended
to read:
49.682 (2) (c) (intro.) The court shall reduce the amount of a claim under par.
(a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the
client's heirs or the beneficiaries of the client's will to retain the following personal
property:
*-1295/2.21* SECTION 1478. 49.682(2)(c) 3. of the statutes is amended to read:
49.682 (2) (c) 3. Other tangible personal property not used in trade, agriculture
or other business, not to exceed \$1,000 in value the amount specified in s. 861.33(1)
(a) 4.
*-0260/2.5* Section 1479. 49.682 (2) (e) of the statutes is renumbered 49.682
(2) (e) 1. and amended to read:
49.682 (2) (e) 1. If the department's claim is not allowable because of par. (d)
and the estate includes an interest in a home, the court exercising probate
jurisdiction shall, in the final judgment or summary findings and order, assign the
interest in the home subject to a lien in favor of the department for the amount
described in par. (a). The personal representative or petitioner for summary
settlement or summary assignment of the estate shall record the final judgment as
provided in a 863 29, 867 01 (3) (h) or 867 02 (2) (h).

1	*-0260/2.6* Section 1480. 49.682 (2) (e) 2. of the statutes is created to read:
2	49.682 (2) (e) 2. If the department's claim is not allowable because of par. (d),
3	the estate includes an interest in a home and the personal representative closes the
4	estate by sworn statement under s. 865.16, the personal representative shall
5	stipulate in the statement that the home is assigned subject to a lien in favor of the
6	department for the amount described in par. (a). The personal representative shall
7	record the statement in the same manner as described in s. 863.29, as if the
8	statement were a final judgment.
9	*-1295/2.22* Section 1481. 49.682 (6) of the statutes is created to read:
10	49.682 (6) The department may contract with or employ an attorney to probate
11	estates to recover under this section the costs of care.
12	*-0028/7.64* Section 1482. 49.683 (2) of the statutes is amended to read:
13	49.683 (2) Approved costs for medical care under sub. (1) shall be paid from the
14	appropriation under s. $20.435 \frac{(5)}{(4)} (e)$ .
15	*-0028/7.65* Section 1483. 49.687 (2) of the statutes is amended to read:
16	49.687 (2) The department shall develop and implement a sliding scale of
17	patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
18	49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to
19	pay for treatment. To ensure that the needs for treatment of patients with lower
20	incomes receive priority within the availability of funds under s. 20.435 (5) (4) (e),
21	the department shall revise the sliding scale for patient liability by January 1, 1994,
22	and shall, every 3 years thereafter by January 1, review and, if necessary, revise the
23	sliding scale.
24	*-1003/4.1* Section 1484. 49.775 (4) of the statutes is amended to read:

<b>49.775 (4)</b>	PAYMENT AMOUNT.	The payment under s	sub. (2) is <del>\$100</del> <u>\$250</u> per
month <del>per</del> for one	e dependent child ar	nd \$150 per month for e	ach additional dependent
child.			

**\*b0193/2.2\* Section 1486j.** 49.854 (2) (e) of the statutes is created to read:

49.854 (2) (e) Date that support lien docket is operational. The department shall publish a notice in the Wisconsin Administrative Register that states the date on which the statewide support lien docket is first operational. The department shall publish the notice stating the date as soon as possible after the statewide support lien docket begins operating or, if the department is able to determine with certainty the date on which the statewide support lien docket will begin operating, as soon as possible after the department determines that date.

\*b0193/2.2\* Section 1486k. 49.854 (2) (e) of the statutes, as created by 1999 Wisconsin Act .... (this act), is repealed.

\*-0589/2.18\* Section 1487. 49.855 (7) of the statutes is repealed.

\*-0265/1.1\* Section 1489. 49.89 (2) of the statutes is amended to read:

49.89 (2) Subrogation. The department of health and family services, the department of workforce development, a county or an elected tribal governing body that provides any public assistance under this chapter or under s. 253.05 as a result of the occurrence of an injury, sickness or death that creates a claim or cause of action, whether in tort or contract, on the part of a public assistance recipient or beneficiary or the estate of a recipient or beneficiary against a 3rd party, including an insurer, is subrogated to the rights of the recipient, beneficiary or estate and may make a claim or maintain an action or intervene in a claim or action by the recipient, beneficiary or estate against the 3rd party. Subrogation under this subsection because of the provision of medical assistance under subch. IV constitutes a lien.

equal to the amount of the medical assistance provided as a result of the injury,
sickness or death that gave rise to the claim. The lien is on any payment resulting
from a judgment or settlement that may be due the obligor. A lien under this
subsection continues until it is released and discharged by the department of health
and family services.
*-0265/1.2* SECTION 1490. 49.89 (3m) (bm) of the statutes is created to read:
49.89 (3m) (bm) A person against whom a claim that is subrogated under sub.
(2) or assigned under sub. (3) is made, or that person's attorney or insurer, shall
provide notice under par. (c), if that person, attorney or insurer knows, or could
reasonably determine, that the claimant is a recipient or former recipient of medical
assistance under subch. IV, or is the estate of a former recipient of medical assistance
under subch. IV.
*-1186/4.35* Section 1491. 49.89 (7) (c) of the statutes is amended to read:
49.89 (7) (c) The incentive payment shall be an amount equal to 15% of the
amount recovered because of benefits paid under s. 49.19, 49.20, s. 49.20, 1997 stats.
and 49.30 or 253.05. The incentive payment shall be taken from the state share of
the sum recovered, except that the incentive payment for an amount recovered
because of benefits paid under s. 49.19 shall be considered an administrative cost
under s. 49.19 for the purpose of claiming federal funding.
*-0030/2.77* SECTION 1493. 50.02 (2) (d) of the statutes is created to read:
50.02 (2) (d) The department shall promulgate rules that prescribe the time
periods and the methods of providing information specified in ss. 50.033(2r) and (2s),
50.034 (5m) and (5n), 50.035 (4m) and (4n) and 50.04 (2g) (a) and (2h) (a).
*_0321/6.2* Section 1495. 50.033 (2) of the statutes is amended to read:

50.033 (2) REGULATION. Standards for operation of licensed adult family homes and procedures for application for licensure, monitoring, inspection, revocation and appeal of revocation under this section shall be under rules promulgated by the department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until revoked under this section. Licensure is not transferable. The biennial licensure fee for a licensed adult family home is \$75 \$135. The fee is payable to the county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county department licenses the adult family home under sub. (1m) (b), and is payable to the department, on a schedule determined by the department if the department licenses the adult family home under sub. (1m) (b).

\*-0030/2.78\* SECTION 1496. 50.033 (2r) of the statutes is created to read:

50.033 (2r) Provision of information required. Subject to sub. (2t), an adult family home shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286 and the availability of a functional and financial screen to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

\*-0030/2.79\* SECTION 1497. 50.033 (2s) of the statutes is created to read:

50.033 (2s) REQUIRED REFERRAL. Subject to sub. (2t), an adult family home shall, within the time period prescribed by the department by rule, refer to a resource center under s. 46.283 a person who is seeking admission, who is at least 65 years of age or has a physical disability and whose disability or condition is expected to last at least 90 days, unless any of the following applies:

(a) The person has received a screen for functional eligibility under s. 46.286(1) (a) within the previous 6 months.

1	(b) The person is entering the adult family home only for respite care.
2	(c) The person is an enrollee of a care management organization.
3	*-0030/2.80* Section 1498. 50.033 (2t) of the statutes is created to read:
4	50.033 (2t) APPLICABILITY. Subsections (2r) and (2s) apply only if the secretary
5	has certified under s. 46.281(3) that a resource center is available for the adult family
6	home and for specified groups of eligible individuals that include those persons
7	seeking admission to or the residents of the adult family home.
8	*-0030/2.81* Section 1499. 50.034 (5m) of the statutes is created to read:
9	50.034 (5m) Provision of information required. Subject to sub. (5p), a
LO	residential care apartment complex shall, within the time period after inquiry by a
<b>l</b> 1	prospective resident that is prescribed by the department by rule, inform the
12	prospective resident of the services of a resource center under s. 46.283, the family
13	care benefit under s. 46.286 and the availability of a functional and financial screen
<b>l</b> 4	to determine the prospective resident's eligibility for the family care benefit under
15	s. 46.286 (1).
16	*-0030/2.82* Section 1500. 50.034 (5n) of the statutes is created to read:
١7	50.034 (5n) REQUIRED REFERRAL. Subject to sub. (5p), a residential care
18	apartment complex shall, within the time period prescribed by the department by
19	rule, refer to a resource center under s. 46.283 a person who is seeking admission,
20	who is at least 65 years of age or has a physical disability and whose disability or
21	condition is expected to last at least 90 days, unless any of the following applies:
22	(a) The person has received a screen for functional eligibility under s. 46.286
23	(1) (a) within the previous 6 months.
24	(b) The person is entering the residential care apartment complex only for
25	respite care.

1	(c) The person is an enrollee of a care management organization.
2	*-0030/2.83* Section 1501. 50.034 (5p) of the statutes is created to read:
3	50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary
4	has certified under s. 46.281 (3) that a resource center is available for the residential
5	care apartment complex and for specified groups of eligible individuals that include
6	those person seeking admission to or the residents of the residential care apartment
7	complex.
8	*b0591/3.70* Section 1501d. 50.034 (6) of the statutes is amended to read:
9	50.034 (6) Funding for supportive, personal or nursing services that
10	a person who resides in a residential care apartment complex receives, other than
11	private or 3rd–party funding, may be provided only under s. $46.27(11)(c)$ 7. or $46.277$
12	(5) (e), unless except if the provider of the services is a certified medical assistance
13	provider under s. 49.45 or if the funding is provided as a family care benefit under
14	ss. 46.2805 to 46.2895.
15	*-0030/2.84* Section 1502. 50.034 (8) of the statutes is created to read:
16	50.034 (8) Forfeitures. (a) Whoever violates sub. (5m) or (5n) or rules
17	promulgated under sub. (5m) or (5n) may be required to forfeit not more than \$500
18	for each violation.
19	(b) The department may directly assess forfeitures provided for under par. (a).
20	If the department determines that a forfeiture should be assessed for a particular
21	violation, it shall send a notice of assessment to the residential care apartment
22	complex. The notice shall specify the amount of the forfeiture assessed, the violation
23	and the statute or rule alleged to have been violated, and shall inform the residential
24	care apartment complex of the right to a hearing under par. (c).

- (c) A residential care apartment complex may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under par. (b), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (d) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
- (e) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under this section if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

\*-0030/2.85\* SECTION 1503. 50.035 (4m) of the statutes is created to read:

50.035 (4m) Provision of information required. Subject to sub. (4p), a community-based residential facility shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the

1	prospective resident of the services of a resource center under s. 46.283, the family
2	care benefit under s. 46.286 and the availability of a functional and financial screen
3	to determine the prospective resident's eligibility for the family care benefit under
4	s. 46.286 (1).
5	*-0030/2.86* Section 1504. 50.035 (4n) of the statutes is created to read:
6	50.035 (4n) REQUIRED REFERRAL. Subject to sub. (4p), a community-based
7	residential facility shall, within the time period prescribed by the department by
8	rule, refer to a resource center under s. 46.283 a person who is seeking admission,
9	who is at least 65 years of age or has a physical disability and whose disability or
10	condition is expected to last at least 90 days, unless any of the following applies:
11	(a) The person has received a screen for functional eligibility under s. 46.286
12	(1) (a) within the previous 6 months.
13	(b) The person is entering the community-based residential facility only for
14	respite care.
15	(c) The person is an enrollee of a care management organization.
16	*-0030/2.87* Section 1505. 50.035 (4p) of the statutes is created to read:
17	50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary
18	has certified under s. 46.281 (3) that a resource center is available for the
19	community-based residential facility and for specified groups of eligible individuals
20	that include those persons seeking admission to or the residents of the
21	community-based residential facility.
22	*-0327/1.4* Section 1506. 50.035 (7) (c) of the statutes is amended to read:
23	50.035 (7) (c) If the date estimated under par. (a) 2. is less than 24 months after
24	the date of the individual's statement of financial condition, the community-based

residential facility shall provide the statement to the county department under s.

46.215 or 46.22 and shall refer the potential resident to the county department to
determine whether an assessment under s. 46.27 (6) should be conducted.

- \*-0030/2.88\* Section 1507. 50.035 (8) of the statutes is repealed.
- \*-0030/2.89\* Section 1508. 50.035 (11) of the statutes is created to read:
- 50.035 (11) FORFEITURES. (a) Whoever violates sub. (4m) or (4n) or rules promulgated under sub. (4m) or (4n) may be required to forfeit not more than \$500 for each violation.
- (b) The department may directly assess forfeitures provided for under par. (a). If the department determines that a forfeiture should be assessed for a particular violation, it shall send a notice of assessment to the community—based residential facility. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the licensee of the right to a hearing under par. (c).
- (c) A community-based residential facility may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under par. (b), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.

1	(d) All forfeitures shall be paid to the department within 10 days after receipt
2	of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days
3	after receipt of the final decision after exhaustion of administrative review, unless
4	the final decision is appealed and the order is stayed by court order. The department
5	shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
6	(e) The attorney general may bring an action in the name of the state to collect
7	any forfeiture imposed under this section if the forfeiture has not been paid following
8	the exhaustion of all administrative and judicial reviews. The only issue to be
9	contested in any such action shall be whether the forfeiture has been paid.
10	*-0321/6.3* Section 1509. 50.037 (2) (a) of the statutes is amended to read:
11	50.037 (2) (a) The biennial fee for a community-based residential facility is
12	\$170 \$306, plus a biennial fee of \$22 \$39.60 per resident, based on the number of
13	residents that the facility is licensed to serve.
14	*-0030/2.90* Section 1510. 50.04 (2g) of the statutes is created to read:
15	50.04 (2g) Provision of information required. (a) Subject to sub. (2i), a
16	nursing home shall, within the time period after inquiry by a prospective resident
17	that is prescribed by the department by rule, inform the prospective resident of the
18	services of a resource center under s. 46.283, the family care benefit under s. 46.286
19	and the availability of a functional and financial screen to determine the prospective
20	resident's eligibility for the family care benefit under s. 46.286 (1).
21	(b) Failure to comply with this subsection is a class "C" violation under sub. (4)
22	(b) 3.
23	*-0030/2.91* Section 1511. 50.04 (2h) of the statutes is created to read:
24	50.04 (2h) REQUIRED REFERRAL. (a) Subject to sub. (2i), a nursing home shall,
25	within the time period prescribed by the department by rule, refer to a resource

1	center under s. 46.283 a person who is seeking admission, who is at least 65 years
2	of age or has developmental disability or physical disability and whose disability or
3	condition is expected to last at least 90 days, unless any of the following applies:
4	1. The person has received a screen for functional eligibility under s. 46.286 (1)
5	(a) within the previous 6 months.
6	2. The person is seeking admission to the nursing home only for respite care.
7	3. The person is an enrollee of a care management organization.
8	(b) Failure to comply with this subsection is a class "C" violation under sub. (4)
9	(b) 3.
10	*-0030/2.92* Section 1512. 50.04 (2i) of the statutes is created to read:
11	50.04 (2i) Applicability. Subsections (2g) and (2h) apply only if the secretary
12	has certified under s. 46.281 (3) that a resource center is available for the nursing
13	home and for specified groups of eligible individuals that include those persons
14	seeking admission to or the residents of the nursing home.
15	*-0030/2.93* Section 1513. 50.04 (2m) of the statutes is renumbered 50.04
16	(2m) (a) and amended to read:
17	50.04 (2m) (a) No Except as provided in par. (b), no nursing home may admit
18	any patient until a physician has completed a plan of care for the patient and the
19	patient is assessed or the patient is exempt from or waives assessment under s. 46.27
20	(6) (a) or 46.271 (2m) (a) 2. Failure to comply with this subsection is a class "C"
21	violation under sub. (4) (b) 3.
22	*-0030/2.94* SECTION 1514. 50.04 (2m) (b) of the statutes is created to read:
23	50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the
24	secretary has certified under s. 46.281 (3) that a resource center is available.
25	*-0030/2.95* Section 1515. 50.06 (7) of the statutes is amended to read:

50.06 (7) An individual who consents to an admission under this section may
request that an assessment be conducted for the incapacitated individual under the
long-term support community options program under s. 46.27 (6) or, if the secretary
has certified under s. 46.281(3) that a resource center is available for the individual,
a functional and financial screen to determine eligibility for the family care benefit
under s. 46.286 (1).

\*-0333/2.3\* SECTION 1522. 50.065 (8) of the statutes is amended to read:

50.065 (8) The department may charge a fee for obtaining the information required under sub. (2) (am) or (3) (a) or for providing information to an entity to enable the entity to comply with sub. (2) (b) 1. or (3) (b). The fee may not exceed the reasonable cost of obtaining the information. No fee may be charged to a nurse's assistant, as defined in s. 146.40 (1) (d), for obtaining or maintaining the information if to do so would be inconsistent with federal law.

\*-0028/7.66\* Section 1524. 50.135 (2) (c) of the statutes is amended to read: 50.135 (2) (c) The fees collected under par. (a) shall be credited to the appropriations under s. 20.435 (1) (4) (gm) and (6) (jm) as specified in those appropriations for licensing, review and certifying activities.

\*-0030/2.96\* Section 1525. 50.36 (2) (c) of the statutes is created to read:

50.36 (2) (c) The department shall promulgate rules that require that a hospital, before discharging a patient who is aged 65 or older or who has developmental disability or physical disability and whose disability or condition requires long-term care that is expected to last at least 90 days, refer the patient to the resource center under s. 46.283. The rules shall specify that this requirement applies only if the secretary has certified under s. 46.281 (3) that a resource center

is available for the hospital and for specified groups of eligible individuals that include persons seeking admission to or patients of the hospital.

\*-0030/2.97\* Section 1526. 50.38 of the statutes is created to read:

50.38 Forfeitures. (1) Whoever violates rules promulgated under s. 50.36 (2)(c) may be required to forfeit not more than \$500 for each violation.

- (2) The department may directly assess forfeitures provided for under sub. (1). If the department determines that a forfeiture should be assessed for a particular violation, the department shall send a notice of assessment to the hospital. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the hospital of the right to a hearing under sub. (3).
- (3) A hospital may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under sub. (2), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (4) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days after receipt of the final decision after exhaustion of administrative review, unless

1	the final decision is appealed and the order is stayed by court order. The department
2	shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
3	(5) The attorney general may bring an action in the name of the state to collect
4	any forfeiture imposed under this section if the forfeiture has not been paid following
5	the exhaustion of all administrative and judicial reviews. The only issue to be
6	contested in any such action shall be whether the forfeiture has been paid.
7	*-0026/1.1* Section 1529. 50.49 (2) (b) of the statutes is amended to read:
8	50.49 (2) (b) The department shall, by rule, set a license fee to be paid by home
9	health agencies. The fee shall be based on the annual net income, as determined by
10	the department, of a home health agency.
11	*-0030/2.98* SECTION 1530. 50.49 (4) of the statutes is amended to read:
12	50.49 (4) LICENSING, INSPECTION AND REGULATION. The Except as provided in sub.
13	(6m), the department may register, license, inspect and regulate home health
14	agencies as provided in this section. The department shall ensure, in its inspections
15	of home health agencies, that a sampling of records from private pay patients are
16	reviewed. The department shall select the patients who shall receive home visits as
17	a part of the inspection. Results of the inspections shall be made available to the
18	public at each of the regional offices of the department.
19	*-0030/2.99* SECTION 1531. 50.49 (6m) of the statutes is created to read:
20	50.49 (6m) Exceptions. None of the following is required to be licensed as a
21	home health agency under sub. (4), regardless of whether any of the following
22	provides services that are similar to services provided by a home health agency:
23	(a) A care management organization, as defined in s. 46.2805 (1).
24	(b) A program specified in s. 46.2805 (1) (a).
25	(c) A demonstration program specified in s. 46.2805 (1) (b).

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1	*-0326/3.1* Section 1535. $51.03(1)$ of the statutes is renumbered $51.03(1r)$ .
2	*-0326/3.2* Section 1536. 51.03 (1g) of the statutes is created to read:
3	51.03 (1g) In this section:
4	(a) "Early intervention" means action to hinder or alter a person's mental
5	disorder or abuse of alcohol or other drugs in order to reduce the duration of early
6	symptoms or to reduce the duration or severity of mental illness or alcohol or other
7	drug abuse that may result.
8	(b) "Individualized service planning" means a process under which a person
9	with mental illness or who abuses alcohol or other drugs and, if a child, his or her
10	family, receives information, education and skills to enable the person to participate
11	mutually and creatively with his or her mental health or alcohol or other drug abuse
12	service provider in identifying his or her personal goals and developing his or her
13	assessment, crisis protocol, treatment and treatment plan. "Individualized service
14	planning" is tailored to the person and is based on his or her strengths, abilities and
15	needs.
16	(c) "Prevention" means action to reduce the instance, delay the onset or lessen
17	the severity of mental disorder, before the disorders may progress to mental illness,
18	by reducing risk factors for, enhancing protections against and promptly treating
19	early warning signs of mental disorder.
20	(d) "Recovery" means the process of a person's growth and improvement,
21	despite a history of mental illness or alcohol or other drug abuse, in attitudes,
22	feelings, values, goals, skills and behavior and is measured by a decrease in

dysfunctional symptoms and an increase in maintaining the person's highest level

of health, wellness, stability, self-determination and self-sufficiency.

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1	(e) "Stigma" means disqualification from social acceptance, derogation
2	marginalization and ostracism encountered by persons with mental illness or
3	persons who abuse alcohol or other drugs as the result of societal negative attitudes
4	feelings, perceptions, representations and acts of discrimination.
5	*-0326/3.3* Section 1537. 51.03 (4) of the statutes is created to read:
6	51.03 (4) Within the limits of available state and federal funds, the department
7	may do all of the following:
8	(a) Promote the creation of coalitions among the state, counties, providers of
9	mental health and alcohol and other drug abuse services, consumers of the services
10	and their families and advocates for persons with mental illness and for alcoholic and
11	drug dependent persons to develop, coordinate and provide a full range of resources
12	to advance prevention; early intervention; treatment; recovery; safe and affordable
13	housing; opportunities for education, employment and recreation; family and peer
14	support; self-help; and the safety and well-being of communities.
15	(b) In cooperation with counties, providers of mental health and alcohol and
16	other drug abuse services, consumers of the services, interested community
17	members and advocates for persons with mental illness and for alcoholic and drug
18	dependent persons, develop and implement a comprehensive strategy to reduce
19	stigma of and discrimination against persons with mental illness, alcoholics and
20	drug dependent persons.
21	(c) Develop and implement a comprehensive strategy to involve counties
22	providers of mental health and alcohol and other drug abuse services, consumers of

the services and their families, interested community members and advocates for

persons with mental illness and for alcoholic and drug dependent persons as equal

participants in service system planning and delivery.

1	(d) Promote responsible stewardship of human and fiscal resources in the
2	provision of mental health and alcohol and other drug abuse services.
3	(e) Develop and implement methods to identify and measure outcomes for
4	consumers of mental health and alcohol and other drug abuse services.
5	(f) Promote access to appropriate mental health and alcohol and other drug
6	abuse services regardless of a person's geographic location, age, degree of mental
7	illness, alcoholism or drug dependency or availability of personal financial resources.
8	(g) Promote consumer decision making to enable persons with mental illness
9	and alcohol or drug dependency to be more self-sufficient.
10	(h) Promote use by providers of mental health and alcohol and other drug abuse
11	services of individualized service planning, under which the providers develop
12	written individualized service plans that promote treatment and recovery, together
13	with service consumers, families of service consumers who are children and
14	advocates chosen by consumers.
15	*-0326/3.4* Section 1538. 51.03 (5) of the statutes is created to read:
16	51.03 (5) The department shall ensure that providers of mental health and
17	alcohol and other drug abuse services who use individualized service plans, as
18	specified in sub. (4) (h), do all of the following in using a plan:
19	(a) Establish meaningful and measurable goals for the consumer.
20	(b) Base the plan on a comprehensive assessment of the consumer's strengths,
21	abilities, needs and preferences.
22	(c) Keep the plan current.
23	(d) Modify the plan as necessary.
24	*-0025/1.1* Section 1540. 51.06 (1) (d) of the statutes is amended to read:

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read:

51.06 (1) (d) At the southern center for developmentally disabled, service	es
Services for up to 10 36 individuals with developmental disability who are al	.so
diagnosed as mentally ill or who exhibit extremely aggressive and challenging	ng
behaviors and at the northern center for developmentally disabled, services for	<del>цр</del>
to 12 such individuals.	
*-0023/4.3* Section 1541. 51.07 (3) of the statutes is amended to read:	
51.07 (3) The department may provide outpatient services only to patien	ıts
contracted for with county departments under ss. 51.42 and 51.437 in accordan	.ce
with s. 46.03 (18), except for those patients whom the department finds to	be
nonresidents of this state and those patients specified in sub. (4)(a) persons receiving	ng
services under contracts under s. 46.043. The full and actual cost less applical	ole
collections of services contracted for with county departments under s. 51.42	or
51.437 shall be charged to the respective county department under s. $51.42$ or $51.48$	37.
The state shall provide the services required for patient care only if no outpatie	nt
services are funded by the department in the county or group of counties served	by
the respective county department under s. 51.42 or 51.437.	
*-0023/4.4* Section 1542. 51.07 (4) of the statutes is repealed.	
*-0030/2.100* Section 1562. 51.42 (3) (ar) 17. of the statutes is created	to
read:	
51.42 (3) (ar) 17. If authorized under s. $46.283$ (1) (a) 1., apply to the department	nt
of health and family services to operate a resource center under s. 46.283 and, if t	he
department contracts with the county under s. 46.283 (2), operate the resour	rce
center.	
*-0030/2.101* Section 1563. 51.42 (3) (ar) 18. of the statutes is created	to

1	51.42 (3) (ar) 18. If authorized under s. $46.284$ (1) (a) 1., apply to the department
2	of health and family services to operate a care management organization under s.
3	46.284 and, if the department contracts with the county under s. 46.284 (2), operate
4	the care management organization and, if appropriate, place funds in a risk reserve.
5	*-1173/1.1* SECTION 1564. 51.42 (3) (as) 3. of the statutes is amended to read:
6	51.42 (3) (as) 3. Care, services and supplies provided after December 31, 1973,
7	to any person who, on December 31, 1973, was in or under the supervision of a mental
8	health institute, or was receiving mental health services in a facility authorized by
9	s. 51.08 or 51.09, but was not admitted to a mental health institute by the
10	department of health and family services, shall be charged to the county department
11	of community programs which was responsible for such care and services at the place
12	where the patient resided when admitted to the institution. The department of
13	health and family services shall may bill county departments of community
14	programs for care provided at the mental health institutes $\underline{\text{at rates}}$ which $\underline{\text{reflects the}}$
15	estimated per diem cost of specific levels of care, to be adjusted periodically by the
16	department of health and family services sets on a flexible basis, except that this
17	flexible rate structure shall cover the cost of operations of the mental health
18	<u>institutes</u> .
19	*-0284/3.6* SECTION 1565. 51.42 (3) (aw) 1. d. of the statutes is amended to
20	read:
21	51.42 (3) (aw) 1. d. Provide treatment and services that are specified in a
22	conditional release plan approved by a court for a person who is a county resident and
23	is conditionally released under s. $971.17(3)$ or $(4)$ or that are specified in a supervised
24	release plan approved by a court under s. 980.06 (2) (c). 1997 stats., or s. 980.08 (5).
25	If the county department provides treatment and services under this subdivision, the

department of health and family services shall, from the appropriation under s. 20.435 (2) (bj), pay the county department for the costs of the treatment and services.

\*-0030/2.102\* Section 1566. 51.42 (3) (e) of the statutes is amended to read: 51.42 (3) (e) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), any subunit of a county department of community programs acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of community programs, with a resource center, care management organization or family care district, or with any person providing services to the client under a purchase of services contract with the county department of community programs or with a resource center, care management organization or family care district, if necessary to enable an employe or service provider to perform his or her duties, or to enable the county department of community programs to coordinate the delivery of services to the client.

\*-0275/5.10\* Section 1568. 51.423 (2) of the statutes is amended to read:

51.423 (2) From the appropriations under s. 20.435 (3) (o) and (7) (b), (kw) and (o), the department shall distribute the funding for services provided or purchased by county departments under s. 46.23, 51.42 or 51.437 to such county departments as provided under s. 46.40. County matching funds are required for the distributions under s. 46.40 (2) and (9) (b). Each county's required match for the distributions under s. 46.40 (2) for a year equals 9.89% of the total of the county's distributions under s. 46.40 (2) for that year for which matching funds are required plus the amount the county was required by s. 46.26 (2) (c), 1985 stats., to spend for juvenile delinquency—related services from its distribution for 1987. Each county's required

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match for the distribution under s. 46.40 (9) (b) for a year equals 9.89% of that
county's amounts described in s. 46.40 (9) (a) (intro.) for that year. Matching funds
may be from county tax levies, federal and state revenue sharing funds or private
donations to the counties that meet the requirements specified in sub. (5). Private
donations may not exceed $25\%$ of the total county match. If the county match is less
than the amount required to generate the full amount of state and federal funds
distributed for this period, the decrease in the amount of state and federal funds
equals the difference between the required and the actual amount of county
matching funds.
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\*-0030/2.103\* SECTION 1570. 51.437 (4m) (n) of the statutes is created to read: 51.437 (4m) (n) If authorized under s. 46.283 (1) (a) 1., apply to the department of health and family services to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

\*-0030/2.104\* SECTION 1571. 51.437 (4m) (p) of the statutes is created to read: 51.437 (4m) (p) If authorized under s. 46.284 (1) (a) 1., apply to the department of health and family services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

\*-0030/2.105\* SECTION 1572. 51.437 (4r) (b) of the statutes is amended to read: 51.437 (4r) (b) Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), any subunit of the county department of developmental disabilities services acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department

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of developmental disabilities services, with a resource center, care management organization or family care district, or with any person providing services to the client under a purchase of services contract with the county department of developmental disabilities services or with a resource center, care management organization or family care district, if necessary to enable an employe or service provider to perform his or her duties, or to enable the county department of developmental disabilities services to coordinate the delivery of services to the client.

\*-0277/4.10\* Section 1573. 51.45 (5) of the statutes is repealed.

\*b0281/1.1\* Section 1575t. 59.23 (2) (i) of the statutes is repealed.

\*-0063/2.2\* Section 1576. 59.25 (3) (f) 2. of the statutes is amended to read: 59.25 (3) (f) 2. For all court imposed fines and forfeitures required by law to be deposited in the state treasury, the amounts required by s. 165.87 757.05 for the penalty assessment surcharge, the amounts required by s. 165.755 for the crime laboratories and drug law enforcement assessment, the amounts required by s. 167.31 (5) for the weapons assessment, the amounts required by s. 973.045 for the crime victim and witness assistance surcharge, the amounts required by s. 938.34 (8d) for the delinquency victim and witness assistance surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by s. 961.41 (5) for the drug abuse program improvement surcharge,  $\underline{\text{the}}$ amounts required by s. 100.261 for the consumer information assessment, the amounts authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 (1) for the domestic abuse assessment, the amounts required by s. 253.06 (4) (c) for the enforcement assessment under the supplemental food program for women, infants and children, the amounts required by ss. 346.177, 346.495 and 346.65 (4r) for the railroad crossing improvement assessment, the amounts required by s. 346.655 (2)

(a) and (b) for the driver improvement surcharge, the amounts required by s. 102.85 (4) for the uninsured employer assessment, the amounts required by s. 299.93 for the environmental assessment, the amounts required by s. 29.983 for the wild animal protection assessment, the amounts required by s. 29.987 for the natural resources assessment surcharge, the amounts required by s. 29.985 for the fishing shelter removal assessment, the amounts required by s. 350.115 for the snowmobile registration restitution payment and the amounts required by s. 29.989 for natural resources restitution payments, transmit to the state treasurer a statement of all moneys required by law to be paid on the actions entered during the preceding month on or before the first day of the next succeeding month, certified by the county treasurer's personal signature affixed or attached thereto, and at the same time pay to the state treasurer the amount thereof.

\*-0063/2.3\* Section 1577. 59.40(2)(m) of the statutes is amended to read:

59.40 (2) (m) Pay monthly to the treasurer for the use of the state the state's percentage of the fees required to be paid on each civil action, criminal action and special proceeding filed during the preceding month and pay monthly to the treasurer for the use of the state the percentage of court imposed fines and forfeitures required by law to be deposited in the state treasury, the amounts required by s. 165.87(2)(b) 757.05 for the penalty assessment surcharge, the amounts required by s. 165.755 for the crime laboratories and drug law enforcement assessment, the amounts required by s. 167.31(5) for the weapons assessment, the amounts required by s. 973.045 for the crime victim and witness assistance surcharge, the amounts required by s. 938.34 (8d) for the delinquency victim and witness assistance surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by s. 961.41 (5) for the drug abuse program

improvement surcharge, the amounts required by s. 100.261 for the consumer information assessment, the amounts authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 for the domestic abuse assessment surcharge, the amounts required by s. 253.06 (4) (c) for the enforcement assessment under the supplemental food program for women, infants and children, the amounts required by ss. 346.177, 346.495 and 346.65 (4r) for the railroad crossing improvement assessment, the amounts required by s. 346.655 for the driver improvement surcharge, the amounts required by s. 102.85 (4) for the uninsured employer assessment, the amounts required by s. 299.93 for the environmental assessment, the amounts required under s. 29.987 (1) (d) for the natural resources assessment surcharge, the amounts required by s. 29.985 for the fishing shelter removal assessment, the amounts required by s. 350.115 for the snowmobile registration restitution payment and the amounts required under s. 29.989 (1) (d) for the natural resources restitution payments. The payments shall be made by the 15th day of the month following receipt thereof.

\*-1256/1.1\* Section 1578. 59.69 (3) (a) of the statutes is amended to read:

59.69 (3) (a) The county zoning agency shall direct the preparation of a county development plan or parts thereof for the physical development of the unincorporated territory within the county and areas within incorporated jurisdictions whose governing bodies by resolution agree to having their areas included in the county's development plan. The plan may be adopted in whole or in part and may be amended by the board and endorsed by the governing bodies of incorporated jurisdictions included in the plan. The county development plan, in whole or in part, in its original form or as amended, is hereafter referred to as the

1	development plan. The development plan shall contain at least the elements
2	described in s. 66.0295.
3	*-1256/1.2* SECTION 1579. 59.69 (3) (b) of the statutes is repealed and
4	recreated to read:
5	59.69 (3) (b) The development plan shall include the master plan, if any, of any
6	city or village, which was adopted under s. $62.23(2)$ or $(3)$ and the official map, if any,
7	of such city or village, which was adopted under s. 62.23 (6) in the county, without
8	change.
9	*b0324/2.1* Section 1579n. 59.692 (1) (bn) of the statutes is created to read:
10	59.692 (1) (bn) "Shoreland setback area" means an area in a shoreland that is
11	within a certain distance of the ordinary high—water mark in which the construction
12	or placement of buildings or structures has been limited or prohibited under an
13	ordinance enacted under this section.
14	*b0324/2.1* Section 1579p. 59.692 (1) (d) of the statutes is created to read:
15	59.692 (1) (d) "Special zoning permission" has the meaning given in s. 59.69
16	(15) (g).
17	*b0324/2.1* Section 1579r. 59.692 (1v) of the statutes is created to read:
18	59.692 (1v) A county shall grant special zoning permission for the construction
19	or placement of a structure on property in a shoreland setback area if all of the
20	following apply:
21	(a) The part of the structure that is nearest to the water is located at least 35
22	feet landward from the ordinary high-water mark.
23	(b) The total floor area of all of the structures in the shoreland setback area of
24	the property will not exceed 200 square feet. In calculating this square footage,
25	boathouses shall be excluded.

- (c) The structure that is the subject of the request for special zoning permission has no sides or has open or screened sides.
- (d) The county must approve a plan that will be implemented by the owner of the property to preserve or establish a vegetative buffer zone that covers at least 70% of the half of the shoreland setback area that is nearest to the water.

\*b0619/1.1\* Section 1580g. 59.694 (7) (c) of the statutes is amended to read: 59.694 (7) (c) To authorize upon appeal in specific cases variances from the terms of the ordinance that will not be contrary to the public interest, where, owing

to special conditions, a literal enforcement of the provisions of the ordinance will result in unnecessary hardship, and so that the spirit of the ordinance shall be observed and substantial justice done. Except in cases where a property owner requests a variance from an ordinance enacted under s. 59.692, or adopted or reinstated by the department of natural resources under s. 59.692 (7), or a conservancy zoning ordinance, a property owner may establish "unnecessary hardship", as that term is used in this paragraph, by demonstrating that strict

compliance with an area zoning ordinance would unreasonably prevent the property owner from using the property owner's property for a permitted purpose or would render conformity with the zoning ordinance unnecessarily burdensome.

\*b0519/4.12\* Section 1582s. 60.62 (4) (a) of the statutes is amended to read: 60.62 (4) (a) Notwithstanding ss. 61.35 and 62.23 (1) (a), a town with a population of less than 2,500 that acts under this section may create a "Town Plan Commission" under s. 62.23 (1) (a) that has 5 members, consisting of the town chairperson, who shall be its presiding officer, the town engineer, the president of the park board, another member of the town board and one citizen. If the town plan commission has only 5 members and the town has no engineer or park board, an

additional citizen member shall be appointed so that the commission has at all times
5 members all of whom shall be appointed by the town board chairperson, who shall
also select the presiding officer. The town board chairperson may appoint himself
or herself to the commission and may appoint other town elected or appointed
officials to the commission, except that the commission shall always have at least one
citizen member who is not a town official. All other provisions of ss. 61.35 and 62.23
shall apply to a town plan commission that has 5 members.

\*b0519/4.12\* Section 1582t. 60.62 (4) (b) of the statutes is amended to read: 60.62 (4) (b) If a town plan commission consists of 7 members and the town board enacts an ordinance or adopts a resolution reducing the size of the commission to 5 members, the commission shall continue to operate with 6 or 7 members until the expiration of the terms of the 2 citizen members, who were appointed under s. 62.23 (1) (c) (a), whose terms expire soonest after the effective date of the ordinance or resolution that reduces the size of the commission.

\*b0519/4.12\* Section 1582u. 60.62 (4) (c) of the statutes is amended to read: 60.62 (4) (c) If a town plan commission consists of 5 members and the town board enacts an ordinance or adopts a resolution increasing the size of the commission to 7 members, the town board chairperson shall appoint the 2 new members under s. 62.23 (1) (c) (a).

\*b0519/4.13\* Section 1589s. 62.23 (1) (a) of the statutes is amended to read: 62.23 (1) (a) The council of any city may by ordinance create a "City Plan Commission," to consist of the mayor, who shall be its presiding officer, the city engineer, the president of the park board, an alderperson, and 3 citizens. In case the city has no engineer or no park board, an additional citizen member shall be appointed so that the board has at all times 7 members. All members of the

commission shall be appointed by the mayor, who shall also choose the presiding officer. The mayor may appoint himself or herself to the commission and may appoint other city elected or appointed officials, except that the commission shall always have at least 3 citizen members who are not city officials. Citizen members shall be persons of recognized experience and qualifications. The council may by ordinance provide that the membership of the commission shall be as provided thereunder.

\*b0519/4.13\* Section 1589t. 62.23 (1) (b) of the statutes is repealed.

\*b0519/4.13\* Section 1589u. 62.23 (1) (c) of the statutes is repealed.

\*b0519/4.13\* Section 1589v. 62.23 (1) (d) of the statutes is amended to read: 62.23 (1) (d) The additional citizen members, if any, of the commission shall be first appointed to hold office for a period ending one year from the succeeding May first, and thereafter annually of 3 years. Appointments shall be made by the mayor during the month of April. Whenever a park board is created, or a city engineer appointed, the president of such board or such engineer shall succeed to a place on the commission when the term of an additional citizen member expires for terms that expire in April or at any other time if a vacancy occurs during the middle of a term.

\*-1256/1.3\* Section 1590. 62.23 (2) of the statutes is amended to read:

62.23 (2) Functions. It shall be the function and duty of the commission to make and adopt a master plan for the physical development of the city, including any areas outside of its boundaries which in the commission's judgment bear relation to the development of the city provided, however, that in any county where a regional planning department has been established, areas outside the boundaries of a city may not be included in the master plan without the consent of the county board of supervisors. The master plan, with the accompanying maps, plats, charts and

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descriptive and explanatory matter, shall show the commission's recommendations for such physical development, and may include, among other things without limitation because of enumeration, the general location, character and extent of streets, highways, freeways, street grades, roadways, walks, bridges, viaducts, parking areas, tunnels, public places and areas, parks, parkways, playgrounds, sites for public buildings and structures, airports, pierhead and bulkhead lines, waterways, routes for railroads and buses, historic districts, and the general location and extent of sewers, water conduits and other public utilities whether privately or publicly owned, the acceptance, widening, narrowing, extension, relocation, removal, vacation, abandonment or change of use of any of the foregoing public ways, grounds, places, spaces, buildings, properties, utilities, routes or terminals, the general location, character and extent of community centers and neighborhood units, the general character, extent and layout of the replanning of blighted districts and slum areas, and a comprehensive zoning plan shall contain at least the elements described in s. 66.0295. The commission may from time to time amend, extend or add to the master plan or carry any part or subject matter into greater detail. The commission may adopt rules for the transaction of business and shall keep a record of its resolutions, transactions, findings and determinations, which record shall be a public record.

\*-1256/1.4\* Section 1591. 62.23 (3) (b) of the statutes is amended to read:

62.23 (3) (b) The commission may adopt the master plan as a whole by a single resolution, or, as the work of making the whole master plan progresses, may from time to time by resolution adopt a part or parts thereof, any such part to correspond generally with one or more of the functional subdivisions of the subject matter of the plan elements specified in s. 66.0295. The adoption of the plan or any part,

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amendment or addition, shall be by resolution carried by the affirmative votes of not less than a majority of all the members of the city plan commission. The resolution shall refer expressly to the maps, descriptive matter, elements under s. 66.0295 and other matters intended by the commission to form the whole or any part of the plan, and the action taken shall be recorded on the adopted plan or part thereof by the identifying signature of the secretary of the commission, and a copy of the plan or part thereof shall be certified to the common council. The purpose and effect of the adoption and certifying of the master plan or part thereof shall be solely to aid the city plan commission and the council in the performance of their duties.

\*b0619/1.2\* Section 1591g. 62.23 (7) (e) 7. of the statutes is amended to read: 62.23 (7) (e) 7. The board of appeals shall have the following powers: To hear and decide appeals where it is alleged there is error in any order, requirement, decision or determination made by an administrative official in the enforcement of this section or of any ordinance adopted pursuant thereto; to hear and decide special exception to the terms of the ordinance upon which such board is required to pass under such ordinance; to authorize upon appeal in specific cases such variance from the terms of the ordinance as will not be contrary to the public interest, where, owing to special conditions, a literal enforcement of the provisions of the ordinance will result in practical difficulty or unnecessary hardship, so that the spirit of the ordinance shall be observed, public safety and welfare secured, and substantial justice done. The board may permit in appropriate cases, and subject to appropriate conditions and safeguards in harmony with the general purpose and intent of the ordinance, a building or premises to be erected or used for such public utility purposes in any location which is reasonably necessary for the public convenience and welfare. Except in cases where a property owner requests a variance from an

ordinance enacted under s. 59.692, 61.351 or 62.231, or adopted by the department
of natural resources under s. 61.351 (6) or 62.231 (6), or from a conservancy zoning
ordinance, a property owner may establish "unnecessary hardship", as that term is
used in this subdivision, by demonstrating that strict compliance with an area
zoning ordinance would unreasonably prevent the property owner from using the
property owner's property for a permitted purpose or would render conformity with
the zoning ordinance unnecessarily burdensome.
*b0257/1.2* Section 1592g. 62.50 (23m) of the statutes is created to read:
20 70 (20 ) The second second shell conduct a city wide

62.50 (23m) Firearm Law Media campaign. The board shall conduct a city—wide communications media campaign designed to deter the unlawful possession and use of firearms by educating the public about the legal consequences of unlawful possession and use of firearms. The department of administration shall provide funding to the board for the media campaign under this subsection from the appropriation under s. 20.475 (1) (f). The amounts paid by the department of administration under this subsection may not exceed \$90,000 in the 1999–2000 fiscal year and \$60,000 in the 2000–01 fiscal year.

\*-1256/1.5\* Section 1606. 66.0295 of the statutes is created to read:
66.0295 Comprehensive planning. (1) Definitions. In this section:

- (a) "Comprehensive plan" means:
- For a county, a development plan that is prepared or amended under s. 59.69
   or (3).
- 2. For a city or a village, or for a town that exercises village powers under s. 60.22 (3), a master plan that is adopted or amended under s. 62.23 (2) or (3).
- 3. For a regional planning commission, a master plan that is adopted or amended under s. 66.945 (8), (9) or (10).

- (b) "Local governmental unit" means a city, village, town, county or regional planning commission that may adopt, prepare or amend a comprehensive plan.
- (2) CONTENTS OF A COMPREHENSIVE PLAN. A comprehensive plan shall contain all of the following elements:
- (a) Issues and opportunities element. Background information on the local governmental unit and a statement of overall objectives, policies, goals and programs of the local governmental unit to guide the future development and redevelopment of the local governmental unit over a 20-year planning period. Background information shall include population, household and employment forecasts that the local governmental unit uses in developing its comprehensive plan, and demographic trends, age distribution, educational levels, income levels and employment characteristics that exist within the local governmental unit.
- (b) Housing element. A compilation of objectives, policies, goals, maps and programs of the local governmental unit to provide an adequate housing supply that meets existing and forecasted housing demand in the local governmental unit. The element shall assess the age, structural, value and occupancy characteristics of the local governmental unit's housing stock. The element shall also identify specific policies and programs that promote the development of housing for residents of the local governmental unit with all income levels and with various needs, policies and programs that promote the availability of land for the development or redevelopment of low—income and moderate—income housing, and policies and programs to maintain or rehabilitate the local governmental unit's existing housing stock.
- (c) Transportation element. A compilation of objectives, policies, goals, maps and programs to guide the future development of the various modes of transportation, including highways, transit, transportation systems for persons

- with disabilities, bicycles, walking, railroads, air transportation, trucking and water transportation. The element shall compare the local governmental unit's objectives, policies, goals and programs to state and regional transportation plans. The element shall also identify highways within the local governmental unit by function and incorporate other applicable transportation plans, including transportation corridor plans, county highway functional and jurisdictional studies, urban area and rural area transportation plans, airport master plans and rail plans that apply in the local governmental unit.
- (d) Utilities and community facilities element. A compilation of objectives, policies, goals, maps and programs to guide the future development of utilities and community facilities in the local governmental unit such as sanitary sewer service, storm water management, water supply, solid waste disposal, on–site wastewater treatment technologies, recycling facilities, parks, telecommunications facilities, power–generating plants and transmission lines, cemeteries, health care facilities, child care facilities and other public facilities, such as police, fire and rescue facilities, libraries, schools and other governmental facilities. The element shall describe the location, use and capacity of existing public utilities and community facilities that serve the local governmental unit, shall include an approximate timetable that forecasts the need in the local governmental unit to expand or rehabilitate existing utilities and facilities or to create new utilities and facilities and shall assess future needs for government services in the local governmental unit that are related to such utilities and facilities.
- (e) Agricultural, natural and cultural resources element. A compilation of objectives, policies, goals, maps and programs for the conservation, and promotion of the effective management, of natural resources such as groundwater, forests,

productive agricultural areas, environmentally sensitive areas, threatened and endangered species, stream corridors, surface water, floodplains, wetlands, wildlife habitat, metallic and nonmetallic mineral resources, parks, open spaces, historical and cultural resources, community design, recreational resources and other natural resources.

- (f) Economic development element. A compilation of objectives, policies, goals, maps and programs to promote the stabilization, retention or expansion, of the economic base and quality employment opportunities in the local governmental unit, including an analysis of the labor force and economic base of the local governmental unit. The element shall assess categories or particular types of new businesses and industries that are desired by the local governmental unit. The element shall assess the local governmental unit's strengths and weaknesses with respect to attracting and retaining businesses and industries, and shall designate an adequate number of sites for such businesses and industries. The element shall also evaluate and promote the use of environmentally contaminated sites for commercial or industrial uses. The element shall also identify county, regional and state economic development programs that apply to the local governmental unit.
- (g) Intergovernmental cooperation element. A compilation of objectives, policies, goals, maps and programs for joint planning and decision making with other jurisdictions, including school districts and adjacent local governmental units, for siting and building public facilities and sharing public services. The element shall analyze the relationship of the local governmental unit to school districts and adjacent local governmental units, and to the region, the state and other governmental units. The element shall incorporate any plans or agreements to which the local governmental unit is a party under s. 66.023, 66.30 or 66.945. The

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element shall identify existing or potential conflicts between the local governmental unit and other governmental units that are specified in this paragraph and describe processes to resolve such conflicts.

- (h) Land-use element. A compilation of objectives, policies, goals, maps and programs to guide the future development and redevelopment of public and private property. The element shall contain a listing of the amount, type, intensity and net density of existing uses of land in the local governmental unit, such as agricultural, residential, commercial, industrial and other public and private uses. The element shall analyze trends in the supply, demand and price of land, opportunities for redevelopment and existing and potential land-use conflicts. The element shall contain projections, based on the background information specified in par. (a), for 20 years with detailed maps, in 5-year increments, of future residential, agricultural, commercial and industrial land uses including the assumptions of net densities or other spatial assumptions upon which the projections are based. The element shall also include a series of maps that shows current land uses and future land uses that indicate productive agricultural soils, natural limitations for building site development, floodplains, wetlands and other environmentally sensitive lands, the boundaries of areas to which services of public utilities and community facilities, as those terms are used in par. (d), will be provided in the future, consistent with the timetable described in par. (d), and the general location of future land uses by net density or other classifications.
- (i) Implementation element. A compilation of programs and specific actions to be completed in a stated sequence, including proposed changes to any applicable zoning ordinances, official maps, sign regulations, erosion and storm water control ordinances, historic preservation ordinances, site plan regulations, design review

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- ordinances, building codes, mechanical codes, housing codes, sanitary codes or subdivision ordinances, to implement the objectives, policies, plans and programs contained in pars. (a) to (h). The element shall describe how each of the elements of the comprehensive plan will be integrated and made consistent with the other elements of the comprehensive plan, and shall include a mechanism to measure the local governmental unit's progress toward achieving all aspects of the comprehensive plan. The element shall include a process for updating the comprehensive plan. A comprehensive plan under this subsection shall be updated no less than once every 10 years.
- (3) ACTIONS, PROCEDURES THAT MUST BE CONSISTENT WITH COMPREHENSIVE PLANS. Beginning on January 1, 2010, any action of a local governmental unit that affects land use shall be consistent with that local governmental unit's comprehensive plan, including all of the following:
  - (a) Municipal incorporation procedures under s. 66.012, 66.013 or 66.014.
- (b) Annexation procedures under s. 66.021, 66.024 or 66.025.
- (c) Cooperative boundary agreements entered into under s. 66.023.
- 17 (d) Consolidation of territory under s. 66.02.
  - (e) Detachment of territory under s. 66.022.
- 19 (f) Municipal boundary agreements fixed by judgment under s. 66.027.
- 20 (g) Official mapping established or amended under s. 62.23 (6).
  - (h) Local subdivision regulation under s. 236.45 or 236.46.
    - (i) Extraterritorial plat review within a city's or village's extraterritorial plat approval jurisdiction, as is defined in s. 236.02 (5).
      - (j) County zoning ordinances enacted or amended under s. 59.69.
      - (k) City or village zoning ordinances enacted or amended under s. 62.23 (7).

1	(L) Town zoning ordinances enacted or amended under s. 60.61 or 60.62.
2	(m) An improvement of a transportation facility that is undertaken under s.
3	84.185.
4	(n) Agricultural preservation plans that are prepared or revised under subch.
5	IV of ch. 91.
6	(o) Impact fee ordinances that are enacted or amended under s. 66.55.
7	(p) Land acquisition for recreational lands and parks under s. 23.09 (20).
8	(q) Zoning of shorelands or wetlands in shorelands under s. 59.692, 61.351 or
9	62.231.
10	(r) Construction site erosion control and storm water management zoning
11	under s. 59.693, 61.354 or 62.234.
12	(4) PROCEDURES FOR ADOPTING COMPREHENSIVE PLANS. A local governmental unit
13	shall comply with all of the following before its comprehensive plan may take effect:
14	(a) The governing body of a local governmental unit shall adopt written
15	procedures that are designed to foster public participation, including open
16	discussion, communication programs, information services and public meetings for
17	which advance notice has been provided, in every stage of the preparation of a
18	comprehensive plan. The written procedures shall provide for wide distribution of
19	proposed, alternative or amended elements of a comprehensive plan and shall
20	provide an opportunity for written comments on the plan to be submitted by
21	members of the public to the governing body and for the governing body to respond
22	to such written comments.
23	(b) The planning commission or other body of a local governmental unit that
24	is authorized to prepare or amend a comprehensive plan may recommend the
25	adoption or amendment of a comprehensive plan only by adopting a resolution by

- majority vote. The vote shall be recorded in the official minutes of the planning commission or other body. The resolution shall refer to maps and other descriptive materials that relate to one or more elements of a comprehensive plan. One copy of an adopted comprehensive plan, or of an amendment to such a plan, shall be sent to all of the following:
  - 1. Every governmental body that is located in whole or in part within the boundaries of the local governmental unit.
  - 2. Every local governmental unit that is adjacent to the local governmental unit which is the subject of the plan that is adopted or amended as described in par. (b) (intro.).
    - 3. The Wisconsin land council.
    - 4. After September 1, 2003, the department of administration.
  - (c) No recommended comprehensive plan that is adopted or amended under par. (b) may take effect until the plan or amendment is enacted as an ordinance by the local governmental unit. The local governmental unit may not enact an ordinance under this paragraph unless the comprehensive plan contains all of the elements specified in sub. (2). An ordinance may be enacted under this paragraph only by a majority vote of the members—elect, as defined in s. 59.001 (2m), of the governing body. An ordinance that is enacted under this paragraph shall be filed with at least all of the following:
  - 1. The public library and the regional planning commission that serves the area in which the local governmental unit is located.
    - 2. The clerk of any adjacent local governmental unit.
  - (d) No local governmental unit may enact an ordinance under par. (c) unless the local governmental unit holds at least one public hearing at which the proposed

ordinance is discussed. That hearing must be preceded by a class 1 notice under ch. 1 985 that is published at least 30 days before the hearing is held. The local 2 governmental unit may also provide notice of the hearing by any other means it 3 considers appropriate. The class 1 notice shall contain at least the following 4 information: 5 1. The date, time and place of the hearing. 6 2. A summary, which may include a map, of the proposed comprehensive plan 7 or amendment to such a plan. 8 3. The name of an individual employed by the local governmental unit who may 9 provide additional information regarding the proposed ordinance. 10 4. Information relating to where and when the proposed comprehensive plan 11 or amendment to such a plan may be inspected before the hearing, and how a copy 12 of the plan or amendment may be obtained. 13 \*b0519/4.14\* Section 1606m. 66.034 of the statutes is created to read: 14 66.034 Traditional neighborhood developments. (1) Definitions. In this 15 section: 16 (a) "Extension" has the meaning given in s. 36.05 (7). 17 (b) "Traditional neighborhood development" means a compact, mixed-use 18 neighborhood where residential, commercial and civic buildings are within close 19 proximity to each other. 20 (2) Model ordinance. Not later than January 1, 2001, the extension, in 21 consultation with any other University of Wisconsin System institution or with a 22 landscape architect, as that term is used in s. 443.02 (5), or with independent 23 planners or any other consultant with expertise in traditional neighborhood 24

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planning and development, shall develop a model ordinance for a traditional
neighborhood development.
(3) City, village and town requirements. (a) Not later than January 1, 2002,
every city and village, and every town with a population of at least 5,000 shall enact
an ordinance under s. 62.23 (7) that is substantially similar to the model ordinance
that is developed under sub. (2), although the ordinance is not required to be mapped.
(b) A city or village that comes into existence, or town whose population reaches
at least 5,000, after January 1, 2002, shall enact an ordinance under s. $62.23(7)$ that
is substantially similar to the model ordinance that is developed under sub. (2) not
later than the first day of the 12th month beginning after the city or village comes
into existence or after the town's population reaches at least 5,000, although the
ordinance is not required to be mapped.
*-0030/2.106* Section 1607. $66.04 (1m)(a)$ of the statutes is amended to read:

66.04 (1m) (a) No city, village er, town, family care district under s. 46.2895 or agency or subdivision of a city, village or town may authorize funds for or pay to a physician or surgeon or a hospital, clinic or other medical facility for the performance of an abortion except those permitted under and which are performed in accordance with s. 20.927.

\*-0030/2.107\* Section 1608. 66.04 (1m) (b) of the statutes is amended to read: 66.04 (1m) (b) No city, village or, town, family care district under s. 46.2895 or agency or subdivision of a city, village or town may authorize payment of funds for a grant, subsidy or other funding involving a pregnancy program, project or service if s. 20.9275 (2) applies to the pregnancy program, project or service.

\*b0319/2.1\* Section 1608g. 66.076 (5) (a) of the statutes is amended to read:

66.076 (5) (a) For the purpose of making equitable charges for all services rendered by the sanitary sewerage system to the municipality or to citizens, corporations and other users, the property benefited thereby may be classified, taking into consideration the volume of water, including surface or drain waters, the character of the sewage or waste and the nature of the use made of the sewerage system, including the sewage disposal plant. The Subject to sub. (13), the charges may also include standby charges to property not connected but for which such facilities have been made available.

\*b0319/2.1\* SECTION 1608h. 66.076 (5) (b) of the statutes is amended to read:

66.076 (5) (b) For the purpose of making equitable charges for all services rendered by a storm water and surface water sewerage system to users, the property served may be classified, taking into consideration the volume or peaking of storm water or surface water discharge that is caused by the area of impervious surfaces, topography, impervious surfaces and other surface characteristics, extent and reliability of mitigation or treatment measures available to service the property, apart from measures provided by the storm water and surface water sewerage system, and any other considerations that are reasonably relevant to a use made of the storm water and surface water sewerage system. The Subject to sub. (13), the charges may also include standby charges to property not yet developed with significant impervious surfaces for which capacity has been made available in the storm water and surface water sewerage system.

\*b0319/2.1\* Section 1608j. 66.076 (13) of the statutes is created to read:

66.076 (13) No municipality may impose any charges under this section which are not uniformly assessed against all users of the system, unless the charges that are imposed meet the standards under s. 66.55 (6).